

CHEMIST & DRUGGIST

August 9 1980

a Benn publication

**Planned
distribution
in Ireland:
proposals go
to Minister**

**NPA forms
action group
on notional
pricing**

**Clinical
pharmacy
part 2**



We're moving across Britain!

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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COMMENT

Irish planning

The main pharmaceutical bodies in Ireland have agreed that the distribution of pharmacies should be controlled by law and they have submitted proposals to that effect to the Irish Health Minister (see p188).

Under the proposed scheme, a new pharmacy would need a licence from the Minister before it could open. A committee consisting largely of pharmacy's representatives could advise the Minister on whether licences should be granted.

A report at present being studied by the Minister suggests that licensing would give pharmacists greater scope to use their professional skills in areas such as counterprescribing, specialist sales of ostomy equipment, etc, and general health education. There is also concern that pharmacy in Ireland is an "aging profession" and there could be a shortage of pharmaceutical manpower by the end of the decade.

Some 44 Irish towns do not have a pharmacy although over 70 per cent of these did so in the past, and the conclusion is that "only a system of licensing would ensure that the drift away from the less densely populated areas to the larger conurbations can be halted."

The report also includes a subjective assessment of the possible viability of pharmacies in different areas, adding that recent population growth suggests that areas unable to support a pharmacy in the past might be able to do so in future. Between 1973-78, however, the number of contracting pharmacies in the GMS declined by 59, the number of doctors increased by 190 while dispensing doctors increased by 54.

But will this report sit for several months gathering dust on some ministerial shelf? Hopefully not, because the previous Health Minister

accepted in principle a report on the role and responsibility of the pharmacist" which suggested that some form of central control over pharmacy distribution would be a logical way to make pharmaceutical services readily available to all members of the public. The Irish pharmacists have put forward a convincing argument that by organising their resources as efficiently as possible they will ensure the highest standards of pharmaceutical care.

Loophole

The Sun last week published "an investigation into the folk who find good health the natural way," mentioning at length the use of the New Zealand green-lipped mussel in arthritis and evening primrose seeds in multiple sclerosis.

While acknowledging that the green-lipped muscle was not a "miracle cure", the author quoted one arthritis sufferer as feeling "like a new man" after taking the capsules for 20 days, and the scientist who developed the treatment as saying that clinical tests had produced some "amazing results." A further 12 column inches described how evening primrose seeds could "blossom into a bloom of hope" for multiple sclerosis sufferers who took their "precious ingredient" (available in Naudicelle capsules) in conjunction with an animal-fat free diet.

Medicines Act Regulations prohibit mention of multiple sclerosis and osteoarthritis "in certain labelled containers and packages and leaflets" available to the public. *The Sun* article is another disturbing illustration of how claims can be put across in "public relations" that would otherwise be banned by law in advertisements. ■

Licensing plans for Irish pharmacies go to Minister

The Pharmaceutical Society of Ireland and Irish Pharmaceutical Union have submitted to Dr Michael Woods, the Irish Health Minister, proposals for the planned distribution of pharmacies.

The proposals are that after a given date, no new pharmacy should open for business without a licence from the Minister for Health. All existing *bona fide* pharmacies would have an unequivocal right to be licensed. The Minister would consult an advisory committee before granting a new licence; the suggested structure of this committee would be—an independent chairman appointed by the Minister, one representative nominated by the Health Board, three nominated by the PSI and three by the IPU.

The committee could also draw up a plan of financial incentives to strengthen the economic base of pharmacies operating in remote or sparsely populated areas; it could encourage the gradual phasing out of pharmacies in areas where there is considered to be an over-supply; and could advise generally on all legal, social and economic matters relating to licensing. The question of pharmacy ownership and sale of medicines (monopoly), while having a bearing on licensing, would be dealt with in the context of general pharmacy laws.

The PSI and IPU propose that Regulations for licensing could be introduced in advance of new legislation to provide for the registration of pharmacies under section(2) of the Pharmacy Act 1962. A new Pharmacy Act could also regulate standards in pharmacies in relation to space, accommodation, storage facilities, equipment, cleanliness, security and staff training, similar to the UK Medicines Act.

The report suggests that, because the number of pharmacists in Ireland is declining, the available manpower should be deployed as effectively as possible. By 1990 the working pharmaceutical population will be about 1,650, the report predicts. Allowing for hospital and industry needs, the

number of pharmacists practising in the community is likely to fall well below the present 1,300 and the number of pharmacies less than 1,000 (1,149 in 1979). Between 1973-78 the number of contracting pharmacies in the GMS scheme declined by 59, the number of doctors increased by 190 while dispensing doctors increased by 54.

Distribution policy for veterinary medicines is of crucial importance, particularly to pharmacies in rural areas, the report continues. An agreed system of distribution would eliminate abuse of animal medicines by unqualified people and provide some economic support to pharmacies in areas that might otherwise be deprived of their services. ■

Exhibition opens on 'Medicines for Man'

A tableting machine, a plot of medicinal plants, and a description of the work a pharmacist does are all part of an exhibition which opened in London this week. "Medicines for Man", which will run until November 2, is at the Science Museum.

The opening was timed to coincide with the first world conference on Clinical Pharmacology and Therapeutics which is being held in Wembley this week, and the idea for the exhibition was thought up by the conference's organising committee.

Audiovisual aids include short films showing how amoxycillin causes bacteria to burst, how nerve activity controls the heart, and on drug absorption and distribution. Telephone handsets and press-button displays are also used throughout. A spokesman for the Pharmaceutical Society, which helped to fund the exhibition, said it cost £85,000 to mount.

A short text explains that over

20,000 different medicinal preparations are marketed in Britain today. Four drugs—opium, aspirin, penicillin and propranolol—are dealt with in detail, and their history, preparation and action is explained. There are sections on initial drug testing in man, long-term studies and clinical trials, benefits and risks, quality control and the different formulations of medicines.

The section on prescribing includes information on the pharmacist, with the text beginning: "On average 6 million people visit a pharmacist in Britain every day. About two-thirds of these visits require the professional services of the pharmacist". It explains how the pharmacist checks the prescription to make sure that the dose is correct, that it conforms with legal requirements, and that there are no reasons why the patient should not take the drug. ■

Drugs and alcohol in accidental deaths

Drugs and alcohol were found to be contributory factors in 71 per cent of accidental home deaths in people aged 16-24, according to a recent study.

The study, carried out by the Consumer Safety Unit, was based on an analysis of coroners' files. Samples of deaths from files in London, Essex and Birmingham were examined for three age groups. About half of the 280 deaths in the 15-64 age group were accidental overdoses of drugs, mainly barbiturates, or alcohol, or the combination of both. However, there were over four times as many drug overdoses as alcohol overdoses and death from drugs alone was three times more common than from the combination of drugs and alcohol.

Drugs were listed as a contributory factor in only six of the other deaths in this same age group. Alcohol was listed for 51 of the other deaths and was a major factor in deaths from falling and fires.

Very different results were obtained from the over-65 age group. Drugs, either alone or combined with alcohol, were not listed as a contributory factor in any of the 133 deaths studied. Alcohol was a factor in only 3 per cent of the deaths. Physical illness seemed to be the main factor leading to the fatal accident in 68 per cent of this age group. "Personal factors in domestic accidents—prevention through product and environmental design", Consumer Safety Unit, Millbank Tower, London SW1P 4QU. ■

Proposals to ban chloroform in toothpaste

Mrs Sally Oppenheim, Minister for Consumer Affairs, has announced proposals to prohibit the use of chloroform in toothpastes.

The proposed ban is contained in draft amendments to the Cosmetics Products Regulations 1978, and would only apply to cosmetic toothpastes, not to medicinal products controlled by Orders under the Medicines Act. The decision was taken after the Department of Health's Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment, and the EC Scientific Committee on Cosmetology reviewed data on the carcinogenicity of chloroform in animals.

The only major brand which still contains chloroform is Ultrabrite, manufactured by Colgate. Elida Gibbs stopped using chloroform five years ago and Beecham no longer use it in their toothpastes. However Colgate believe that chloroform is safe and say they would not use it if there was any doubt. A spokesman for the company said they had plenty of evidence on the safety of chloroform and would be submitting it to Mrs Oppenheim through the Cosmetic Toiletry and Perfumery Association.

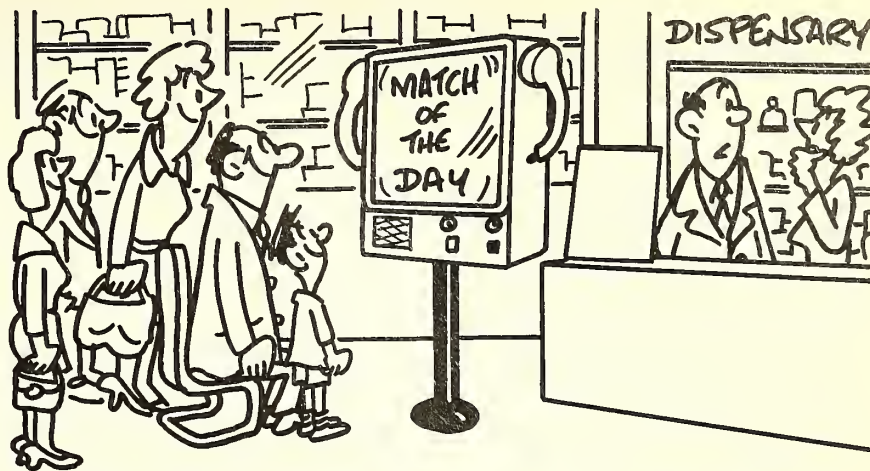
■ Other proposed amendments to the Regulations permit the use of lakes and salts of zirconium and strontium in mucous membrane products. ■

Smuggled heroin is a growth market

The past year saw a "disturbing change" in the pattern of drug abuse in the UK with the black market in smuggled heroin developing substantially.

According to the annual report from the chief inspector of constabulary, Sir James Crane, thefts of opiates from "legitimate outlets such as retail pharmacies" or "over-generous prescribing by a few doctors" are no longer alone as major sources of supply of these drugs.

In previous years most of the heroin entering this country was bound for shipment to the US and the rest of Europe, but the report says that in 1979 70 per cent (40kg) of the heroin seized by HM Customs & Excise was intended for the UK market. This is reflected, it says, in the 20 per cent rise in the number of addicts notified to the Home Office and in the number of these new addicts who claim to be



"I wondered why everyone said there's no hurry for their prescription".

reliant upon heroin—some 70 per cent said they were heroin addicts in 1979 compared to 60 per cent in 1978 and 54 per cent in 1977.

No significant new trends were found in relation to psychotropic drugs, but the detection of illicit laboratories for the manufacture of such substances, usually amphetamine, "continues to be an important part of drug squad activity". Seven small operations were discovered in 1979.

"Report of HM's Chief Inspector of Constabulary 1979" (HMSO £4). ■

GPs' drug course by Open University

The Open University is producing its first course for doctors next year—on drug therapy. Although the Department of Health is funding the course there will be a further charge, although whether each participant would have to pay is not yet known.

The course will be a pilot scheme, produced together with the Council for Postgraduate Medical Education in England and Wales. Teaching material will comprise course booklets and video and audio tapes. No broadcasts will be made—audio visual material will be distributed by postgraduate deans and used mainly in postgraduate medical centres. Part of the aim is to assess the effectiveness and acceptability of distance learning techniques for doctors.

Three themes will make up the course—an introduction to the pharmacological basis of therapeutics including variation in drug response, anxiety and insomnia, and antibiotics. The objectives are to improve doctors' understanding of the drugs they use and of the factors influencing their choice of drug. Although the course is intended for any doctor wishing to update his knowledge it is likely to be particularly suitable for general practitioners. It is planned to start in late 1981.

Management units system for Wales

A new system of health management units is to be set up in Wales so that decisions can be taken at a local level. This proposition, outlined in "Patients First", was confirmed in a recent document on the management of the health service in Wales.

Mr Nicholas Edwards, Secretary of State for Wales, says in the document that the managers of these units will be given authority to run services and will hold their own budgets. A unit might comprise a single large hospital, a group of smaller hospitals, or community services for a defined area. Each unit will have an administrator and a nurse of "appropriate authority" who will discharge individual responsibilities in conjunction with the medical staff.

Mr Edwards has provisionally decided that the existing area health authorities should remain and that the health units can function well within the framework of the AHAs. He does not intend to have an intermediate tier between the AHAs and units. However, before he comes to final conclusions further comments are invited and these should be submitted by December 31. Comments are also invited on the need for planning at an all-Wales level, where it is envisaged an advisory Welsh Health Council would be set up rather than a "regional" health authority. The Council would represent all health authorities, the main professions and the Welsh National School of Medicine.

The structure of the Family Practitioner Committees will remain unchanged. Community Health Councils will continue and it is envisaged that they will appoint sub-committees to meet each group of unit managers. *"The Structure and Management of the National Health Service in Wales", HMSO, £4.50. ■*

'Action group' on notional pricing

Members of the NPA Board, meeting on July 22, expressed concern over the confused position caused by notional pricing and decided to set up an action group as a matter of urgency.

Members of the group are Mr D. N. Sharpe, Mr R. G. Worby, Dr H. Maddock, Mr J. Wright and Mr T. P. Astill.

■ **Subscriptions up** The Board accepted a recommendation from the Finance Committee that the joint NPA/CDA subscription be increased by £8 (21 per cent) from October 1 to £46 per annum.

■ **Part-time pharmacy membership** After considering a case where a member operated a part-time pharmacy in another part of the same market town, where it was only necessary to open the registered part of the premises on market days, the Board decided that such premises could be accepted into NPA/CDA membership provided a full subscription was paid.

■ **Audio-visual system** An audio-visual system for patient education and product promotion was demonstrated to the NPA Board by Mr Peter Woolsey, managing director, European Marketing Consultants of Maidenhead (C&D, last week, p174). It was agreed that, after the satisfactory completion of trials in members' pharmacies, the NPA would encourage other interested members to install the system, subject to clearance by the Pharmaceutical Society of any medicines education programmes.

■ **Flu vaccine** Following the publicity given by the NPA to Glaxo and Duphar about their policy of promoting flu vaccines through pharmacies, communication had been received from Servier that it was, and always had been, their policy to persuade doctors to write prescriptions or order their vaccines through pharmacies. Servier claimed never to have offered doctors benefits and their discount policy was such that "chemists could supply to doctors at a profit without loss to the doctor".

■ **Yardley soap** In reply to an NPA complaint about an advertisement for Yardley soap, the firm had stated that the soap was of Canadian origin which, much to their concern, had been dumped in the UK following closure of their Canadian factory.

■ **L'Oreal** The new UK general manager of L'Oreal had been told of his company's poor reputation amongst independent chemists. His reply stated that he intended to devote much of his initial effort towards improving the quality of the sales force and ensuring that his company honoured its obligations and improved its administration. A central customer service department had been established and the NPA had since noted a decline in the number of queries from members about their L'Oreal accounts. Training facilities for NPA members and their assistants had been offered and further discussions with the company were planned.

■ **Strip packaging** A letter from a member in Cornwall expressing concern about the increasing use of strip packaging was noted as were the consequential problems faced by pharmacists when dispensing. The Board agreed that continuing representations would be made.

■ **Tax allowance for coats** A letter was received from a Scottish member pointing out that, for some trades, the unions had negotiated with Inland Revenue a standard accepted allowance for the laundering of protective clothing, etc. No such arrangement existed for retail pharmacy and it was necessary, where staff were required to launder and maintain their own overalls, for individual claims to be made. The Board decided to pursue the possibility of negotiating a fixed national rate on behalf of pharmacists and their staff.

■ **Credit cards** Barclaycard have agreed to reduce their standard rate for NPA members from 4 per cent to 3½ per cent.

■ **Private Patients Plan** It was agreed that, subject to the negotiation of satisfactory rates of commission, members could be invited to display information leaflets about the benefits of subscribing to the Private Patients Plan. Linked with this arrangement would be an opportunity to become personal or business subscribers at special rates.

■ **Business aids** The office was authorised by the business services committee to proceed with a special offer of a do-it-yourself fire/smoke alarm suitable for members living over

the business or for their domestic premises. Among the other items discussed by the committee were a source of supply of second-hand safes suitable as an alternative to regulation security cabinets, a new electronic daisy-wheel typewriter suitable for label writing as an alternative to electric golf-ball typewriters, a leasing scheme for fascia and shop fronts and a Perspex till guard designed to frustrate would-be note snatchers.

Developments in other EEC countries

Mr W. A. G. Kneale, NPA's EEC liaison secretary, presented a report of a meeting of the executive committee of the EEC Pharmacy Group, in Brussels on June 17.

Distribution of pharmacies The German representatives said that they would continue to fight for geographical distribution of pharmacies to be regulated, if pharmacists were to be permitted to move in from other member States. The failure to control the opening of new pharmacies in Germany had led to an increase of 500 a year with grave economic consequences for existing proprietors. *Working party on "The economics of pharmacy"* This working party had been set up by the Pharmacy Group to study means of rebutting false information published to the detriment of pharmacy. A study of statistics relating to the costs and prices of medicines, profit margins, turnovers and the conditions under which pharmacy was practised in each member State had been completed. It was agreed that the wider aspects of this problem be considered at the general assembly in October. A new document on the "Role of the pharmacist in society" was shortly to be circulated.

Reports from member countries. *France* The change in the law to restrict the number of diplomas issued annually to students of pharmacy would be implemented this autumn; lower numbers were required by the profession and there would need to be discussions with universities.

In France pre-registration training could be in any branch of the profession, but they wanted to ensure that before graduates opened a retail pharmacy they were required to have undergone previous training in general practice pharmacy.

Continued on p208

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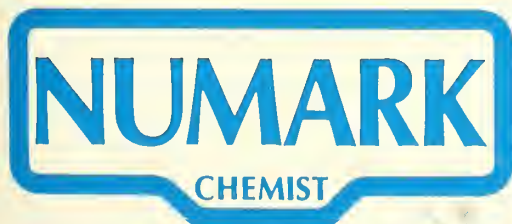
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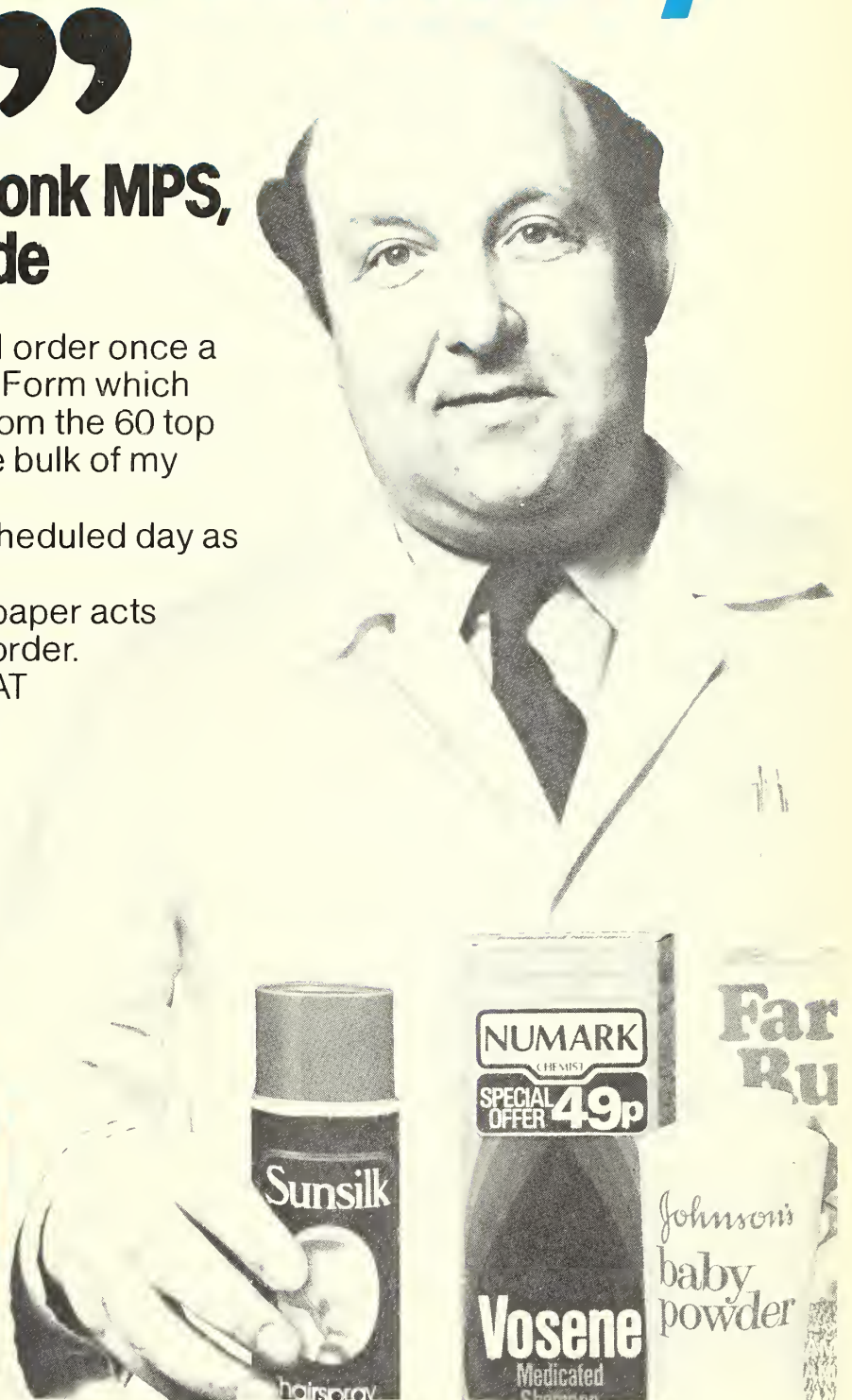
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Chemist & Druggist 9 August 1980



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 Elixir Triclosol BPC
 Emulsion Liquid Paraffin BPC
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By Xrayser

Mr Paddy O'Doherty, a proprietor pharmacist in Eglinton, Northern Ireland, and a keen sub-aqua diver, has been involved in excavations of one of the Spanish Armada ships wrecked off the coast of Northern Ireland. The archeological team recently discovered a bronze mortar and pestle and part of a stone mortar which they are hoping to identify. Several pieces of drug jars have also been found since the project started in 1971 and it is hoped that the collection will be established eventually in a museum in Londonderry. ■

Mr Frank Harding has retired after 25 years' service with Merck Sharp & Dohme Ltd. He joined the company as a medical representative, becoming London teaching hospital representative in 1962, and then holding several managerial posts until he took control of the company's medical education service in 1976. To mark his retirement he received a cheque from the company and a set of crystal wine glasses from his colleagues. ■

Deaths

Stubley. On July 27, after a short illness, Mr Norman Stubley, area sales representative, Dendron Ltd, for north and east London, Essex, Kent and East Anglia.

News in brief

■ The 27th report of the World Health Organisation Expert Committee on Specification for Pharmaceutical Preparations is now available. It is mainly about the quality control of solid oral dosage forms and a general review of drug quality control systems. A progress report on the third edition of the International Pharmacopoeia is included (HMSO, 49 High Holborn, London WC1).

■ A report surveying the major changes which have affected the Weights and Measures Act 1963 has been published. It covers the period from April 1, 1974, to December 31, 1979, during which two other Weights and Measures Acts were introduced. (Weights and Measures—Report by the Secretary of State for Trade, HMSO £2.25.)

■ The Secretary of State has directed that Dr Edward Charles Sugden, 4 Half Moon Street, London W1, is prohibited from prescribing, administering and supplying Controlled Drugs and also from authorising the administration and supply of Controlled Drugs.

Tuff luck

The nursing home rang the other day and asked if we would bring six packets of Tufty Tails night-time for a new patient who insisted it was the only product she would use. As it wasn't a regular stock line I bought only half a dozen (playing it carefully, having been caught before over these specials) wrapped them up with a bill for £9.12, less 10 per cent, and delivered them on my way home.

A couple of weeks later I had a repeat order and, wishing I'd bought a case the first time to get discount, ordered a dozen and again delivered six packets with a bill. But on arrival I was shown into the presence of truculent old lady who told me plainly that she wasn't going to be cheated into paying my extortionate prices when one of the nurses had just bought the same thing in town for £0.83 a packet! At moments like this I feel extraordinarily clumsy and slow-witted because I couldn't see how anyone could sell them at that price. I was saved, if you could call it that, by the matron who asked to see the cheaper pack which, sure enough, thrust triumphantly into my hands, showed a price ticket of £0.83—not Tufty Tails—but an almost identical pack from Boots which at first glance could be mistaken by anyone until placed alongside the original, when, although labelled "night-time" it could be seen to have only about two-thirds of the bulk. Two-thirds of £1.52 makes £1, less 10 per cent makes £0.90. Such reasoning cut no ice and I was ushered from the presence having lost my reputation. "Oh well" I thought, "You can't win them all. But how do I get rid of a dozen packs!"

Flu again

I've just had a visit from the rep of another manufacturer of flu vaccine also assuring me, again hand on sincere heart, that his company too will definitely NOT be selling their vaccines to any doctors this year and would I please put an order in the poor man's hat! My scepticism is shaken. Two out of three flu vaccine manufacturers want our business? Something funny going on here, for all it wants now is for the last firm to

decide not to give the doctors one vial free for every vial purchased but to distribute through normal channels, for sanity and stability to be restored to at least one section of pharmaceutical distribution. So long as their sales efforts are effective they might even make more money, for a 15 per cent (or is it 12½ per cent?) discount off list price to the wholesalers must net a better return than 50 per cent to doctors? It will be interesting to see what happens this year.

Testing times

I'm getting a bit sick of these test marketing activities and, although I can understand big companies not wanting to commit themselves to a nationwide launch of an untried product, it's a pain to find yourself with virtually unsold outers of a new launch, months after the initial sell in. And the bonuses don't mean a thing until sold.

My sales of Phensic soluble can only be described as slow and mean more shelf space in an already overcrowded analgesic department. It is supposed to be a growth market. Panadol soluble wasn't exactly a flyer and, although Clear does seem to have established itself, look how long it took and then I suspect largely at the expense of plain Aspro. It seems to be that if there has been an attractive growth in the sales of soluble analgesics it is probably an accountant's figure produced perhaps by the cosy doubling of a very small initial sales figure, which could be misleading.

Be that as it may, if a company test markets a product which does not subsequently go national, I think they owe something to the retailers who take their new line into stock and try to help get it going. I'm still looking at three dozen of a quite unrelated product from another international company, bought in on the promise of an overwhelming television "national equivalent selling programme" which proved so ineffective that we weren't even asked for the product but had to try to introduce it at every opportunity until we gave up through lack of success. When I tackled the rep last journey he shrugged his shoulders with the cold comment that it wasn't company policy to uplift unsold goods. . . . And I can't afford not to deal with them. ■

Three promotions from Johnson & Johnson

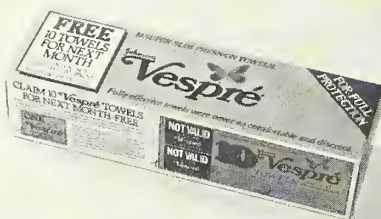
Johnson & Johnson are currently offering 10 free Vespri towels when flashed packs of 10s are purchased.

J&J claim that independent data shows Vespri 10s to be selling at the same rate as Dr White's Fancy Free and Libresse Body Form combined and are now the seventh fastest selling external sanpro line.

The flashed packs will contain a token and a coupon. For two tokens, consumers can exchange the coupon at POS for a free Vespri 10s pack. The towels are currently being advertised in women's magazines and trade bonuses are available on all promotional packs. Another offer comprises a free Viners cutlery set for consumers when they buy cotton buds. The set, in stainless steel and consisting of a spoon and fork, retails for approximately £1. To get one the consumer has to send in five tokens from the special packs and a 12p stamp.

Cotton buds 20s carry one token, 60s two tokens, 100s three tokens and 200s four tokens. The offer will be supported by POS material featuring "Johnson Junior".

A Cressida lady's razor set, complete with dispenser, is another offer from the



company. The set, which has a retail value of £1, is a free mail-in offer on both the 120ml and 285ml sizes of Johnson's baby bath.

The offer is featured on collared packs of Johnson's baby bath. The consumer has to send in two collars, plus one bottle cap and 10p towards postage. Pre-packed display units and shelf strips are available for POS and the baby bath will be featured in advertisements in women's magazines until October. Samples of baby bath sachets to all first and second time mothers will be distributed throughout 1980. *Johnson & Johnson Ltd, 260 Bath Road, Slough, Berks.* ■

Extension of Keeps range

The Keeps range of hypo-allergenic preparations is to be extended in October with the addition of protective moisturising cream and shower gel.

The moisturising cream (£3.65) is described as a fine light emulsion and shower gel (£3.25) is said to contain gentle cleansing agents with a pH matched to that of the skin.

Roc Laboratories (UK) Ltd, 46 Mount Street, London W1Y 6EJ. ■

VAT on Seatone

With immediate effect, Seatone is subject to VAT at 15 per cent, but the manufacturers, McFarlane Laboratories, say "a large proportion of the increase" is being absorbed by them. Trade price per dozen is now £44.04, plus £6.61 VAT. Retail each (including VAT) is £5.95. *Distributors: New Era Laboratories Ltd, 39 Wales Farm Road, London W3 6XH.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Alka Seltzer:	All areas
Anadin:	All areas
Body Mist:	All areas
Clairelle:	M

Clearasil Clearguard cream:

Ln, M, Lc, Y, So, NE
All except U, B, G, E

Crest:

Cream Silk:

Fabergé body sprays:

Farleys rusks:

Fresh 'n Clean:

All except Ln, Lc, WW, G, E, CI

Gumption:

Head & Shoulders:

Listermint:

Matey:

Odor Eaters:

Oil of Ulay:

Scholl:

Sine-off:

SR toothpaste:

Sucron:

Topex:

Zest toilet soap:

Eight-fold Handy Andies pack

Handy Andies, which Bowater Scott claim dominate the pocket pack sector of the facial tissue market, are being relaunched with an improved product and a new pack shape.

The pack is described as being a more compact size, with the tissues in eight-fold replacing the existing four-fold flat pack. The new pack still contains 10 tissues and the price and profit margin remain the same.

The introduction of the new shape, the company says, follows extensive research which found that consumers preferred the more compact shape because it was firmer, more durable and fitted easily into the pocket or handbag. Eight-fold tissues, according to Bowater Scott, dominate the facial tissue market on the continent.

Further improvements include a whiter tissue which is said to be both softer and stronger. The display outer still contains 36 packs but is slightly

smaller and more compact than the existing unit. Design has also been updated with stronger branding on both packs and display outer.

Handy Andies are claimed to dominate the pocket pack market, worth £7 million at rsp with a 68 per cent share of sales and 80 per cent awareness amongst consumers. *Bowater Scott Ltd, Bowater Scott House, East Grinstead, West Sussex.* ■

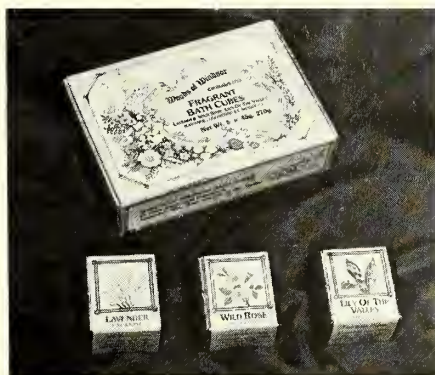
Unichem offers

From August 11—29 Unichem members can obtain the following products at low prices: Body Mist, Brut 33, Fastidia, Harmony hairspray, Imperial Leather soap, Listermint, Savlon cream, Signal toothpaste. Unichem all-in-one nappies and Vosene shampoo. Also included this month are Christmas gift sets of the following: Brut 33, Denim, Cussons, Jovan, Radox, Pagan Man and Tabac Original. *Unichem Ltd, Crown House, Morden, Surrey.* ■

September launches from Woods of Windsor

Woods of Windsor are launching several new items which will be in-store from September. Bath cubes will be available in three fragrances: wild rose, lily of the valley, and lavender. Six cubes (two of each of the three scents), come packed in a painted box (£1.50) with the Windsor Castle garden motif. Each cube is divided in half, so the box of six provides for 12 baths.

Also available will be perfumed candles in a pastel-coloured tin portraying the Castle. A counter presentation box of 24 (£1.50) contains six of each fragrance—lavender, wild rose, lily of the valley and honeysuckle. Finally a new addition to the sachet collection is a



rose sachet made of dainty pink lace filled with rosebuds (£1.20). *Woods of Windsor, Queen Charlotte Street, Windsor.* ■

Cap from Maws

Maws have introduced a screw-on trainer cap for the conversion of a feeding bottle into a trainer mug. The new trainer cap will be included free in the Simpla feeding bottle set (£2.10) which contains two 8oz bottles and one 4oz bottle all in polycarbonate, together with teat, cap, cover and disc. Shelf strips to draw consumer attention to the set are available from Ashe Laboratories' sales representatives.

Maws say the screw-on cap is a valuable addition to their Simpla range, as it provides many advantages over the trainer mug. The main points are the screw-on feature which means that the cap cannot be knocked off if the bottle



falls over; also, by converting a Simpla bottle to a trainer mug, feeds can still be measured. *Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey KT22 7JZ.* ■

Wella competition

Wella are to run a consumer car competition called the "High performance winner" to promote their Ultra Care range of hair conditioners.

A Renault 5 Gordini is the first prize and there will be 25 Ultra Care silk scarves for runners-up.

Entrants have to answer six questions about the Renault 5 Gordini and Ultra Care and a tie breaker asks how many Ultra Care hair packs would fit into the car boot. All entries must be accompanied by pack tops from either the Ultra Care high performance conditioner or hair pack to the value of £1 or more. Entry forms will be

available from POS display units illustrating the competition. The closing date is October 30, 1980. *Wella (GB) Ltd, Wella Road, Basingstoke, Hants.* ■

Poly advertising

Poly hair colourants are to be advertised in major weekly and monthly women's magazines until the end of the year.

The campaign, which will run in *Woman, Woman's Realm, Woman's Weekly, My Weekly, Woman and Home, Woman's Journal* and *Family Circle*, will be specifically for Polycolor and Polytint. *Halls Hudnut, Chestnut Avenue, Eastleigh, Hants SO5 3QZ.* ■

Hair tonic relaunch after 35 years

Pantene hair tonics are being relaunched and repackaged and will be backed by extensive poster advertising in London and the Home Counties.

The hair tonic which was launched in 1945 has not been altered since then. The range comprises amber and blue tonic, both of which are available in formulations for oily and for normal/dry hair. Blue Tonic is said to be especially effective in counteracting the yellowness that can occur in hair that is white or greying. The new packs of red/gold and blue/silver are designed for easier identification.

A black unit has been designed for



POS which takes eight bottles of hair tonic—two of each of the range—and features the question "Did you forget your hair this morning?"

The same theme will be used in the forthcoming poster advertising campaign, which will run for two months in London and the Home Counties. Special terms are available on orders until the end of August. *Roche Products Ltd, cosmetics division, PO Box 8, Welwyn Garden City, Herts.* ■

Amplex addition

Amplex have added a new variant, fresh (50ml, £0.63), to their range of anti-perspirant deodorants. Sales of Amplex in 1979, according to Ashe Laboratories, increased by 50 per cent in sterling terms which they put down to the introduction of a waisted bottle with a larger roll-on ball making application easier, as well as the launch of the herbal variant.

Packaging for Amplex fresh comes in light turquoise and the variant will be supported in-store by POS material. *Ashe Laboratories, Ashetree Works, Kingston Road, Leatherhead, Surrey.* ■

Lack of sun affects advertising campaigns

The latest TABS top ten television advertisements show that June was another good month for baby products. The list, specially compiled for *C&D* is as follows:—

Paddi Pads	65
Olympus cameras	62
Cow & Gate baby foods	60
Robinsons soft drinks	59
Andrex	59
Cosifit nappies	57
Ambre Solaire	57
Agfa cameras	55
Wet Ones	54
Johnsons baby lotion	53
Scholl sandals	53

A score of 50 is regarded as high, 81 the highest ever recorded and 30 is low.

Several old favourites feature in the list though perhaps because of a lack of sun some of the sunglass and camera campaign scores are lower this month.

The success of the Paddi Pads advertisement in the top ten is perhaps because it was caught at the tail-end of the campaign when there was much more advertising for Cosifits.

Comments for the latter included "Fantastic advert, great to watch the little babies performing. I think all mums that use the product must be very pleased with the result." "Great camera work to get such wonderful pictures of the babies and surely it must be clever editing to get them to do such cute poses."

By comparison the "Curity Snugglers" campaign was a long way behind achieving a below average 45. There is some evidence of confusion in the viewers mind, says the report, and it is here the distinctiveness of the Cosifit commercial seems to be a major advantage.

Despite the bad weather, Ambre Solaire did well with a score of 57, some way ahead of Eversun's 50 which attracted some criticism—"the shortness of this ad defeats its purpose as the name flashes on, no words were intelligible and I don't know what the product is for!"

Just outside the top ten were Faberge's Brut and Elastoplast Airstrip on 52. As the battle heats up in the mouthwash market Listermint and Mintgard are neck and neck with 38 showing that to many people this is not yet seen as a very relevant product. Mintgard had the wrong kind of impact on one male viewer who commented

"It looks like an advert for Dracula".

The new campaign for Wisdom toothbrushes achieved a disappointing 38 perhaps because "I can't stand that comedian. I feel an opportunity has been lost as a younger better known star would have a far greater impact particularly with younger viewers. Very poor in content and the actor's style appears to take the mickey out of the product."

The new Kleenex campaign featuring the lumberjack and the bear ("the big softy") achieved a disappointing 44 compared to Andrex's 59. It was criticised for being "stupid and silly—it just appears to be knocked together in a crude fashion".

Currently Ever Ready batteries are being promoted to try to fight back against the competition from Duracell whose campaigns are doing better (48) than Ever Ready (44).

Whilst the latter campaign is certainly being noticed, it is disturbing and confusing some people. Comments included "While the idea is good, I hate that headless monster leaping up and down". "I buy these and like them but this ad I found monotonous. Too much would give me a headache". Other comments seem to indicate that the viewers are confusing Duracell and Ever Ready adverts, crediting Ever Ready for a Duracell advert.

Finally, the Underwoods campaign was also disappointing in scoring only 40 and one problem for them was shown in a comment "Who are they and where are their shops—there certainly aren't any in my area." Bic razors with 31 and Phensic with 29 were two of the worst results this month. *Television Advertising Bureau (TABS) Ltd, 12 Greek Street, London W1V 5LE.* ■



Albion Teddy Bear promotion

Albion have launched a promotion offering consumers a Teddy Bear at prices geared to the purchase of one, two or three products from the simple skin care range.

The bear, Mr Simple, is 10in high, and for the purchase of one product from the promotional range costs £2.50. With two products he costs



£2.25, and for three he costs £1.99, all prices including VAT, packing and post.

The promotion will be supported at POS with a merchandiser holding seven Simple products and Mr Simple as display centrepiece. The parcel consists of Simple soap, cleansing lotion, moisturising lotion, skin tonic, shampoo, night cream and talc. *Albion Soap Co Ltd, 113 Station Road, Hampton, Middlesex.* ■

Bronnley soaps

Bronnley's Victorian Herb soaps have been repackaged in two's with a new oval decorative mould. In hand soap size, the twin pack (£1.20) has been devised to fill the gap between the one or three tablet packs in the company's conventional ranges. Until now, Victorian Herb soaps have only been available in single tablets or packs of six guest size soaps. Fragrances available are forget-me-not, mallow, marigold and elderflower. *H. Bronnley & Co Ltd, 10 Conduit Street, London.* ■

Floss-a-matic is now available in a self-service display holding 12 blister packs. The product, including the display pack or small quantities, is now being stocked by all Macarthy's depots. *Stanmore Marketing, Green Verges, Priory Drive, Stanmore, Middx HA7 3HL.*

Optique range extended with eye crayons and a shadow

Optique have added two eye crayons in dark brown and dark grey (£1.45) to their range of eye cosmetics for contact lens wearers and women with sensitive eyes. The crayons are soft and may be applied when the lenses are in place.

Optique managing director Mr David Whitehead says, "Crayons are particularly suitable for lens wearers and sensitive eyes as there are no liquids or particles to get into the eye or on to the lens."

A new shade, rose, has been added to the range of eye shadows (£1.45). As with all Optique products the shadow has a low oil content, is non-perfumed and allergy tested. It has a satin sheen without being highly pearlised.

An introductory parcel comprises 18 mascaras, 14 eye shadows, four eye

crayons, four eye make-up removers, four eyecare moisturisers plus seven free eye shadows that may be used as testers. A display unit and consumer leaflets are included. *Optique, Beeches Road, Farnham Common, Bucks SL2 3PS. Distributors Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs WN8 9SU.* ■

Atrixo repackaging supported at POS

Atrixo is to be repackaged and will be supported by a range of shelf strips, display cards, dump bins. A television advertising campaign will run in the autumn during which time there will be special "20 per cent more" packs available. *Smith & Nephew Toiletries Ltd, Bessemer Road, Welwyn Garden City, Herts AL7 1HF.* ■

Cotton wool pleats

Miller & Miller are importers and wholesalers of 100 per cent cotton wool pleats from Israel, said to be ideal for make-up and nursery use. Available in 100g packs (outers of 20) there is no recommended retail price but the company says that most outlets sell the product for £0.50-£0.65. Quantity discounts are available. *Miller & Miller (Chemicals) Ltd, 16 Abbotswood Gardens, Ilford, Essex.* ■

Charlie shades

Hit Makers are the new colours and shades available from Charlie this autumn for the eyes, lips and nails.

New shades available are mellow yellow, deep purple, smokin', boogie woogie blue and punk pink in the fresh eye colour range; rose sonata and be bop grape, in the extra shine lipstick and nail gleamer creme ranges, the latter also containing rock 'n roll red.

Nail gleamer frost has four new colours available, fantasia plum, bongo berry, keyboard curry and jazzy lilac; the first three are also being available in the extra shine lipstick range. Charlie Hit Makers will be available from October. *Revlon International, 86 Brook Street, London W1.* ■



**INTERNATIONAL
LABORATORIES
LIMITED**

Pharmaceutical Manufacturers

CHARWELL HOUSE • WILSON ROAD • ALTON • HAMPSHIRE GU34 2TJ
Telephone: ALTON 88174
Telegraphic: PARMINTUS Alton

Dear Pharmacist,

COLLIS BROWNE'S MIXTURE

We firmly believe that the J. Collis Browne's product always has been and still is a most effective treatment for the range of symptoms for which it is indicated.

In recent years, the original Collis Browne's Compound preparation became the subject of abuse in a few areas around the country. The reason for this was not the morphine content, but rather the relatively high level of chloroform which it contained and this, probably for the taste alone, encouraged some individuals not to use the product for the purpose for which it was intended. As is often the case, the uncontrolled behaviour of the minority, caused the introduction of largely unnecessary restrictions for the majority, and a series of recommendations and regulations severely restricted the availability of the Collis Browne's Compound.

In 1977 a reformulated preparation, Collis Browne's Mixture, replaced the original Compound.

The new mixture was designed to retain the efficacy and acceptability of the original compound, but to exclude the abuse potential. These objectives we consider were effectively achieved, and we are now giving the product the level of support you have come to expect from International Laboratories Limited for their proprietary medicine range.

We know there are many users of the original compound product who, because of difficulties in recent years, are unaware that the new formulation mixture is available. We intend to let these people know, and would appreciate being able to depend on your support and hope you will now stock J. Collis Browne's Mixture.

The facts are that Collis Browne's Mixture is a pharmacy only medicine, i.e. ☒ and for the purposes of retail sale and supply, is exempt from Controlled Drug Regulations except for the need to retain invoices for two years. This is in line with many other pharmacy only medicines, notably those containing codeine.

Yours faithfully,

D. Merrington, B.Pharm., M.P.S.
Director

Solutions for hard and soft lenses

Titmus Eurocon Ltd have introduced a range of contact lens solutions suitable for both hard and soft lenses. The range includes TE cleaning solution (30ml, (£1.56), TE storage and rinsing solution (125ml, £1.75), TE prescribed saline (250ml, £1.66) and TE safety lens case (£2.40). A protein remover starting kit is available for soft and silicone lenses

(£3.50; 10 sachets for refill, £1.95). The items may be obtained direct from the company or from MCL Services Ltd, Castleham Road, St Leonards-on-Sea, East Sussex TN38 9NB, and Denis Hillyard Contact Lens Supplies Ltd, 55 Barton Road, Water Eaton Estate, Milton Keynes. *Titmus Eurocon Ltd, Drayton, Portsmouth PO6 1PA.* ■

Otrivine-antistin eye drops pack

Ciba Laboratories are presenting Otrivine-antistin eye drops in a form which allows direct application from the bottle, so obviating the need for a separate dropper.

The new pack contains 10 ml of sterile eye drops, as did the previous pack, the formulation remains unchanged, and the price remains the same. Stocks have been supplied to wholesalers and will be introduced to retail outlets when the previous packs are exhausted, *Ciba Laboratories, Horsham, West Sussex.* ■



Distribution of Propa PH

Propa PH acne cleanser (150ml, £1.10) has been taken over for national pharmacy only distribution by Optrex. *Optrex Ltd, Basingstoke, Hants.* ■

Synogist supply

Maltown, manufacturers of Synogist shampoo, have appointed as their sole distributors *Farillon Ltd, Bryant Avenue, Romford.* ■

Trufree extension

Larkhall Laboratories have added three new products to their Trufree range of 100 per cent gluten-free foods. They are bread mix (420g, £1.72), bread mix with rice bran (410g, £1.80), and self-raising flour (1kg, £2.18). *Larkhall Laboratories, 225 Putney Bridge Road, London SE15 2PY.* ■

PRESCRIPTION SPECIALITIES

Mini Influvac

Duphar Laboratories will be supplying Influvac in Mini-Cartrix disposable syringes and in vials. The pre-filled syringes (£1.70 trade) have a thinner barrel than the previous disposable syringes, although the needle size is unchanged. This gives a "less formidable" effect, say Duphar.

The vaccine is being re-formulated and the company has applied for a product licence for it to contain A Brazil, A Bangkok and B Singapore strains. Duphar have confirmed their policy of refusing to supply directly vaccine to non-dispensing doctors, apart from industrial accounts. *Duphar Laboratories Ltd, Gaters Hill, West End, Southampton.* ■

Dermisol in solution

Beecham Animal Health are introducing Dermisol solution. This is a clear, colourless solution containing propylene glycol 40 per cent, malic acid 2.25 per cent, benzoic acid 0.15 per cent and salicylic acid 0.037 per cent.

Dermisol promotes healing by cleansing and removing necrotic tissue from affected areas. It is indicated for general cleansing and to clean the ear canal in otitis externa. The packs are plastic bottles fitted with nozzles containing 100ml (6, £7.80 trade) and 340ml (£3.25 trade). *Beecham Animal Health, Beecham House, Brentford, Middlesex TW8 9BD.* ■

Isocal supply

Isocal recently became prescribable on FP10. Mead Johnson say that, following increased demand, distribution of Isocal will now be effected to all pharmaceutical wholesalers for supply to hospitals and retail pharmacies. This arrangement supersedes the previous exclusive distribution through Vestric Ltd (12 cans, £8.40 trade). The new arrangement will offer the standard 15 per cent discount on the basic NHS cost. *Mead-Johnson division, Bristol Laboratories Ltd, Station Road, Langley, Slough SL3 6EB.* ■

Primalan tablets

The sales and marketing of Primalan tablets are being transferred from Berk Pharmaceuticals to Smith & Nephew. There will be no alteration of tablet formulation, colour or pack size, and stocks carrying Berk label can continue to be dispensed. Each tablet is currently marked "747" on one side—this will be replaced by the word "Primalan" in the near future. From August 10, all orders should be sent to *Smith & Nephew Pharmaceuticals Ltd, PO Box 7, Bessemer Road, Welwyn Garden City, Herts.* ■

Pro-banthine pack

Searle Pharmaceuticals are introducing a 10 vial pack of Pro-banthine injection (£3.85, trade). This will replace both the 6 and 25 vial packs. *Searle Pharmaceuticals Whalton Road, Morpeth, Northumberland.* ■

STEINHARD BONUS OFFER!

FROM NOW UNTIL THE 31st OCTOBER 1980

WE ARE OFFERING A SPECIAL

3 FOR 3 BONUS
ON THE PRODUCTS IN BOXES

PRODUCT		PACK	PRICE PACK	QUANTITY REQUIRED
ACETAZOLAMIDE TABLETS BP	250 MG	50	£1.70	x 50
		500	£13.87	x 500
AMINOPHYLLINE TABLETS BP	100 MG	500	£1.25	x 500
AMITRIPTYLINE TABLETS BP	10 MG	1000	£4.90	x 1000
	25 MG	1000	£9.50	x 1000
AMPICILLIN CAPSULES BP	250 MG	500	£13.90	x 500
	500 MG	250	£13.90	x 250
ASCORBIC ACID TABLETS BP	50 MG	100	£0.30	x 100
	100 MG	100	£0.40	x 100
	200 MG	100	£0.65	x 100
	500 MG	100	£1.20	x 100
ASPIRIN TABLETS BP	300 MG	100	£0.25	x 100
ASPIRIN & CODEINE TABLETS BP		25	£0.33	x 25
		50	£0.52	x 50
		100	£0.92	x 100
BENDROFLUAZIDE TABLETS BP	2.5 MG	100	£0.35	x 100
		1000	£3.00	x 1000
	5 MG	100	£0.45	x 100
		1000	£4.25	x 1000
BENZHEXOL TABLETS BP	2 MG	100	£0.60	x 100
		1000	£5.45	x 1000
	5 MG	100	£1.20	x 100
		1000	£10.95	x 1000
CHLORPHENIRAMINE TABLETS BP	4 MG	50	£0.20	x 50
		500	£1.85	x 500
CHLORPROMAZINE TABLETS BP	25 MG	500	£1.45	x 500
	50 MG	500	£2.70	x 500
	100 MG	500	£4.40	x 500
CHLORPROPAMIDE TABLETS BP	100 MG	250	£1.50	x 250
	250 MG	500	£11.00	x 500
CODEINE PHOSPHATE TABLETS BP	15 MG	100	£1.50	x 100
		250	£3.75	x 250
		500	£7.50	x 500
CODEINE PHOSPHATE TABLETS BP	30 MG	100	£2.60	x 100
		250	£6.50	x 250
		500	£12.50	x 500
		1000	£25.80	x 1000
CODEINE PHOSPHATE TABLETS BP	60 MG	100	£5.20	x 100
		250	£13.00	x 250
		500	£25.90	x 500
DIAZEPAM TABLETS BP	2 MG	500	£1.75	x 500
		1000	£3.50	x 1000
	5 MG	500	£2.25	x 500
		1000	£4.50	x 1000
EPHEDRINE TABLETS BP		500	£4.00	x 500
		1000		
EPHEDRINE TABLETS BP	30 MG	1000	£1.50	x 1000
FERROUS GLUCONATE TABLETS BP	300 MG	1000	£2.60	x 1000
		5000	£12.60	x 5000
FOLIC ACID TABLETS BP	5 MG	500	£0.90	x 500
		1000	£1.75	x 1000
FRUSEMIDE TABLETS BP	20 MG	1000	£11.50	x 1000
	40 MG	1000	£14.00	x 1000

PRODUCT		PACK	PRICE PACK	QUANTITY REQUIRED
HALOPERIDOL TABLETS BP	0.5 MG	100	£1.15	x 100
		1000	£10.70	x 1000
	1.5 MG	100	£1.95	x 100
		1000	£18.50	x 1000
	5 MG	100	£5.15	x 100
		1000	£50.75	x 1000
	10 MG	100	£10.00	x 100
		1000	£99.50	x 1000
HYDROCHLOROTHIAZIDE TABLETS BP	25 MG	1000	£2.40	x 1000
IMIPRAMINE TABLETS BP	25 MG	1000	£2.40	x 1000
		5000	£12.00	x 5000
INDOMETHACIN CAPSULES BP	25 MG	500	£14.40	x 500
	50 MG	100	£5.50	x 100
ISONIAZID TABLETS BP	50 MG	1000	£2.40	x 1000
METHYLDOPA TABLETS BP	250 MG	1000	£27.50	x 1000
	500 MG	500	£27.50	x 500
METRONIDAZOLE TABLETS BP	200 MG	21	£0.65	x 21
		250	£6.50	x 250
NICOTINAMIDE TABLETS BP	50 MG	1000	£1.50	x 1000
NICOTINIC ACID TABLETS BP	50 MG	1000	£1.50	x 1000
NITRAZEPAM TABLETS BP	5 MG	500	£3.95	x 500
NITROFURANTOIN TABLETS BP	50 MG	1000	£7.12	x 1000
OXYTETRACYCLINE TABLETS BP	250 MG	1000	£8.70	x 1000
PARACETAMOL TABLETS BP	500 MG	50	£0.25	x 50
		100	£0.40	x 100
		1000	£3.50	x 1000
		5000	£16.95	x 5000
PENICILLIN V-K TABLETS BP	250 MG	1000	£10.95	x 1000
PHENYLBUTAZONE TABLETS BP	100 MG	1000	£2.50	x 1000
	200 MG	1000	£4.75	x 1000
PREDNISOLONE TABLETS BP	5 MG	500	£2.75	x 500
PREDNISON TABLETS BP	5 MG	500	£2.75	x 500
PROMETHAZINE HCL TABLETS BP	25 MG	1000	£3.00	x 1000
PROPANTHELINE TABLETS BP	15 MG	1000	£3.40	x 1000
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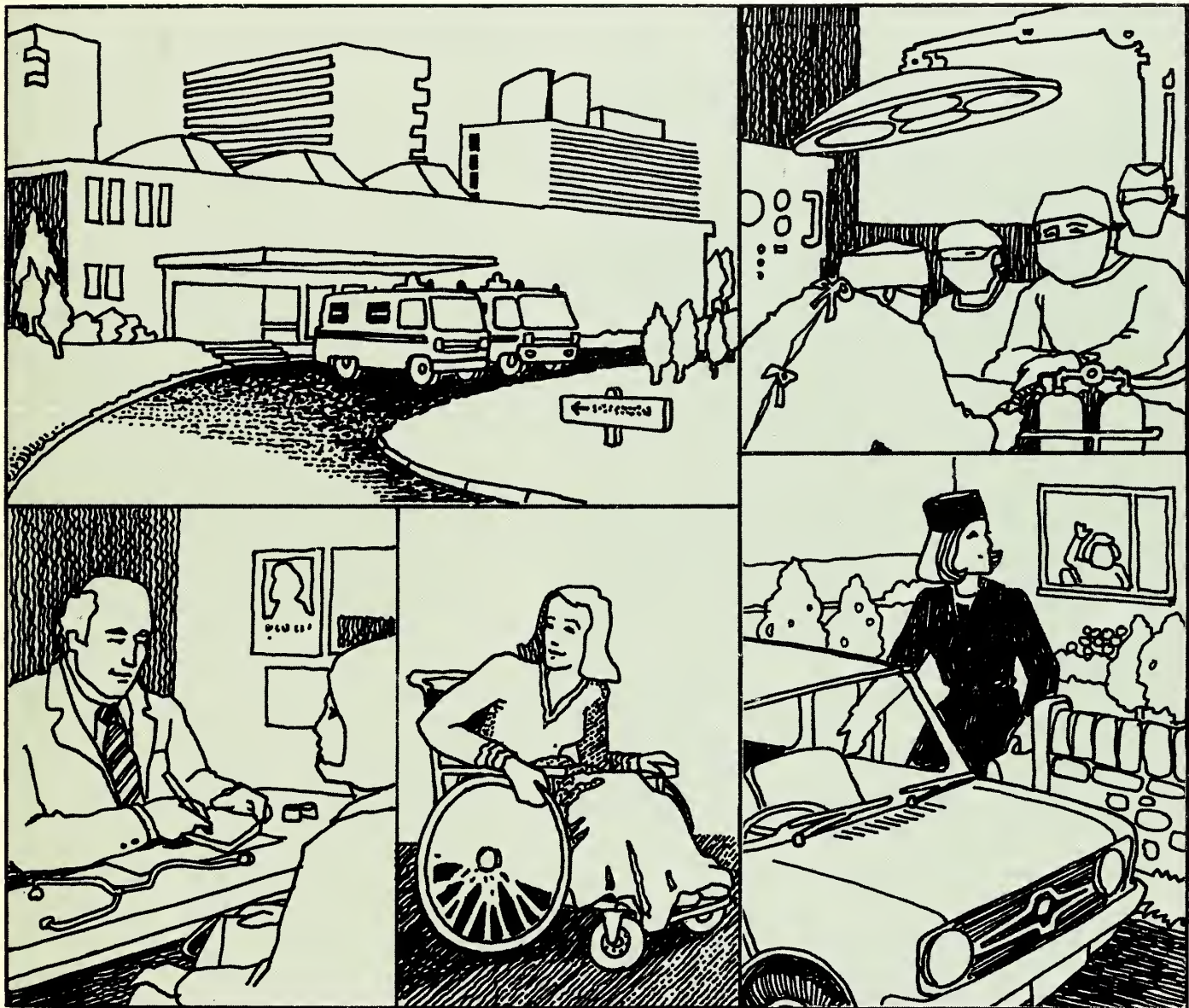
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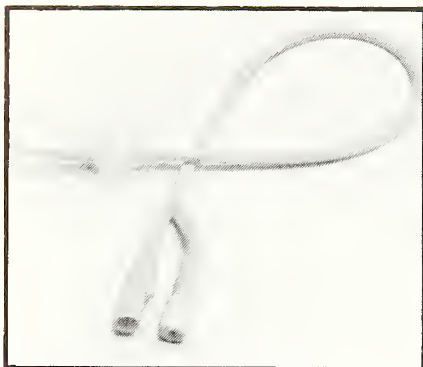
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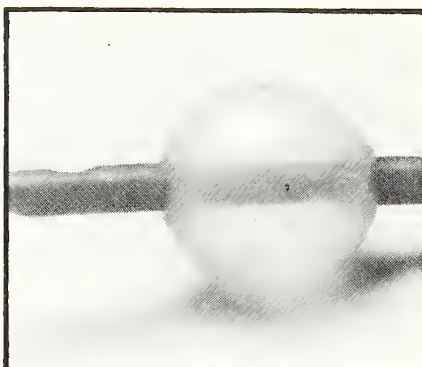


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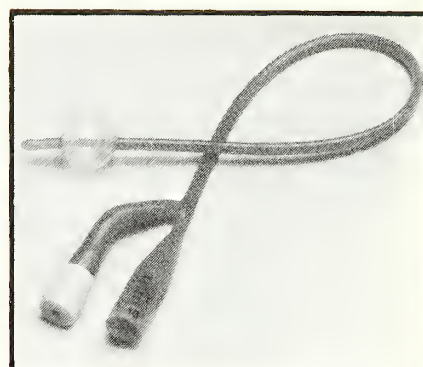


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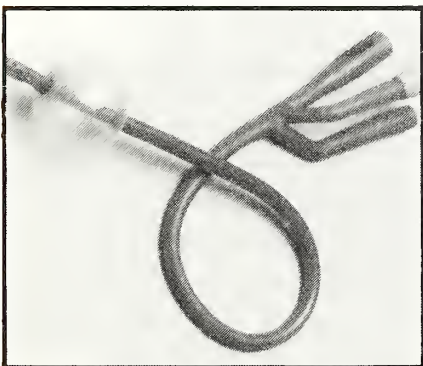
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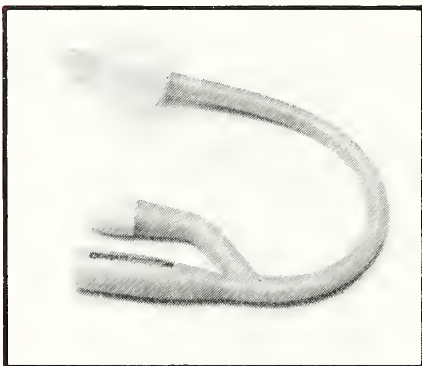
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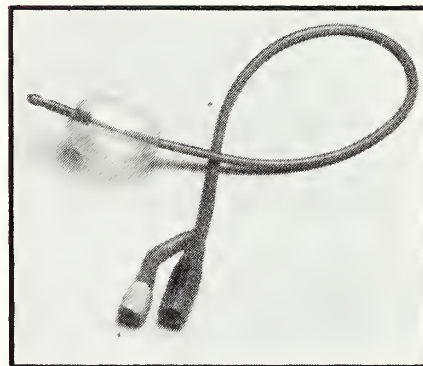
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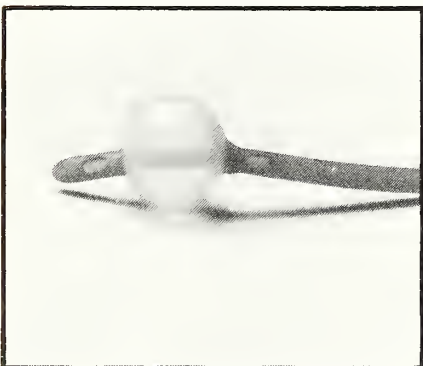
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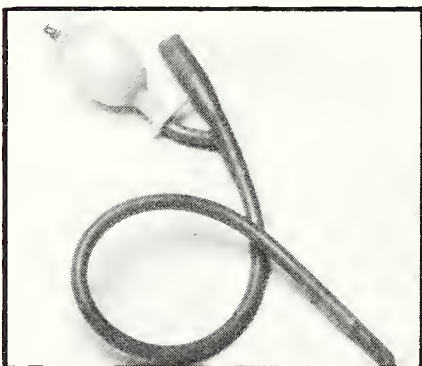
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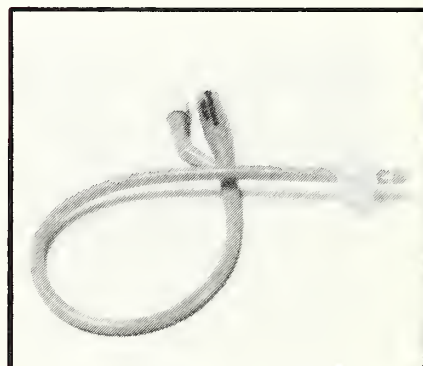
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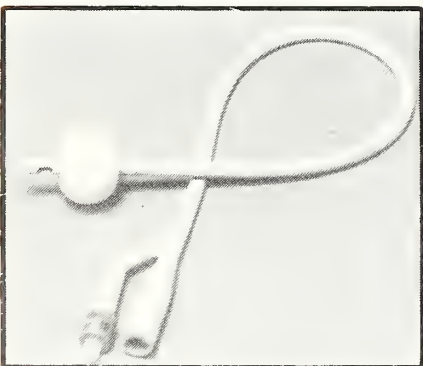
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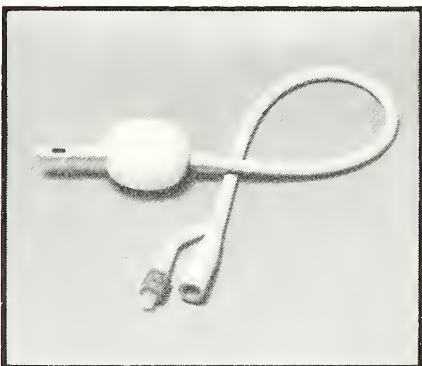


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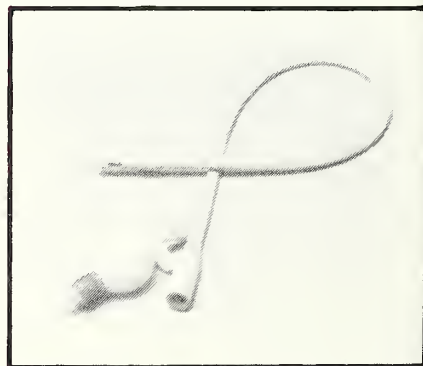


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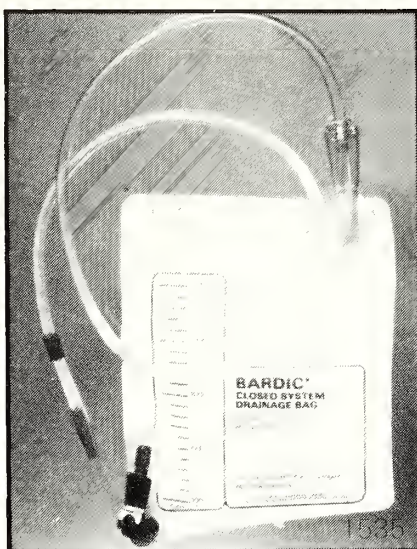
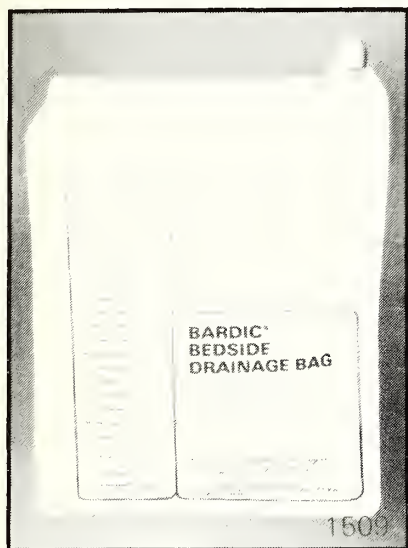
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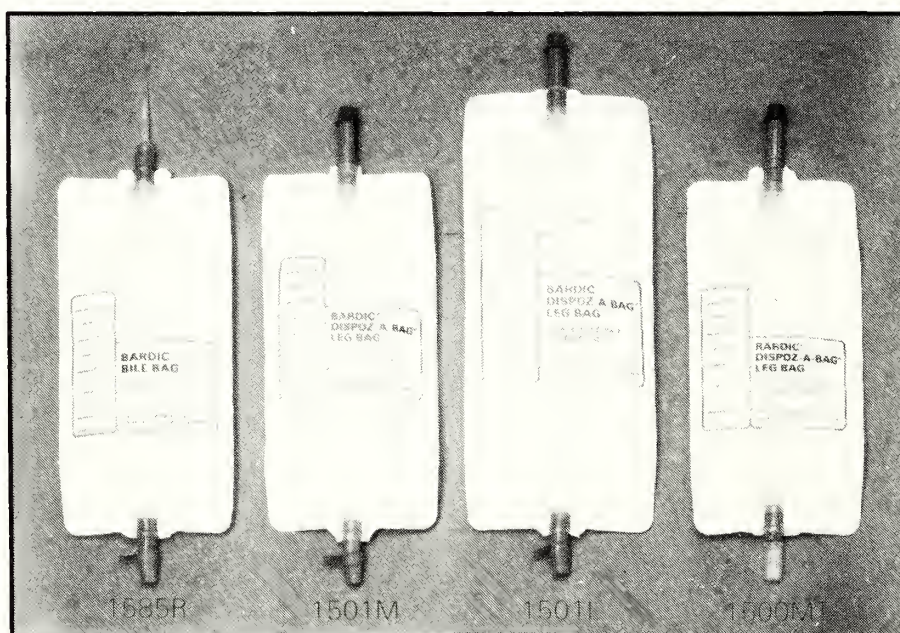
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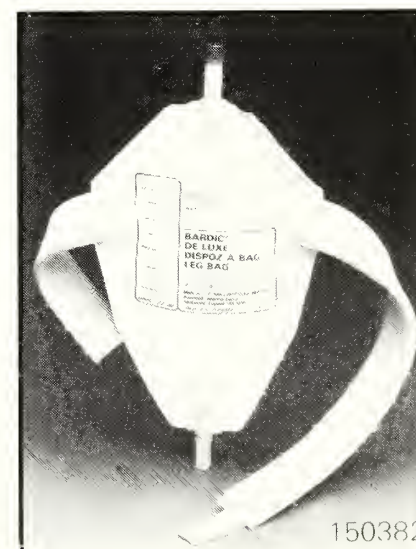
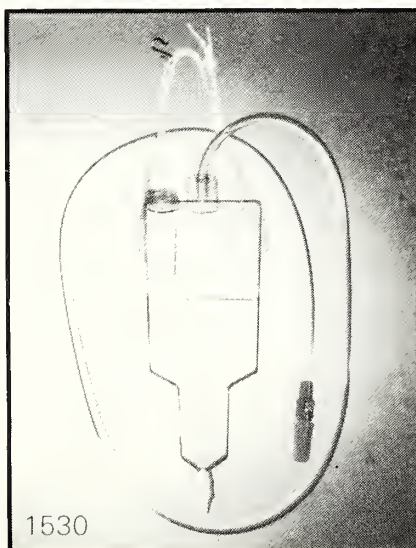
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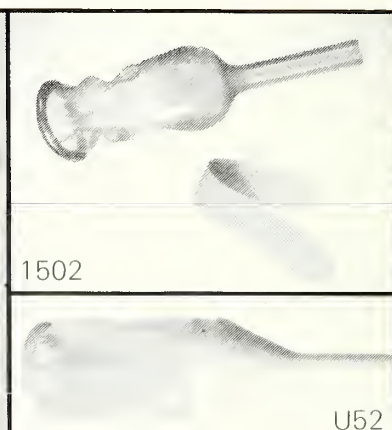
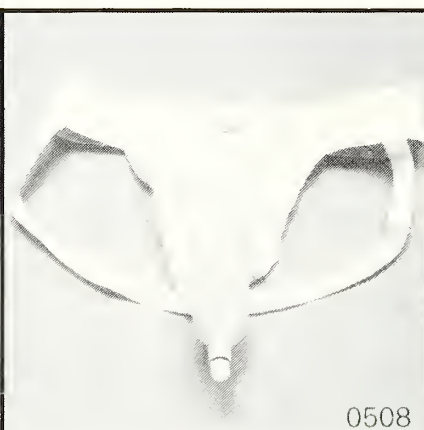
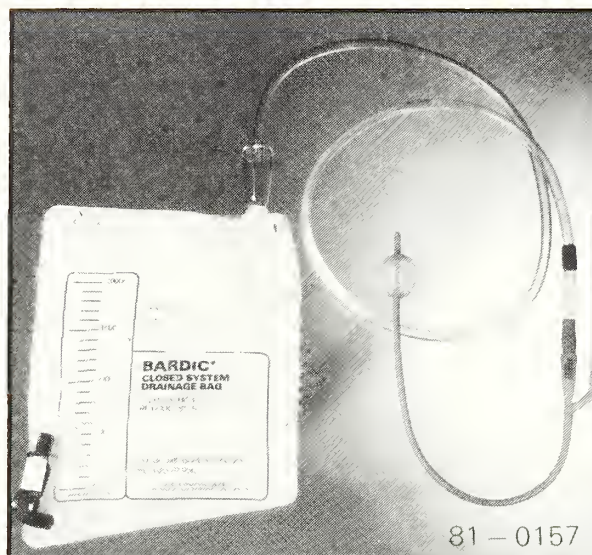
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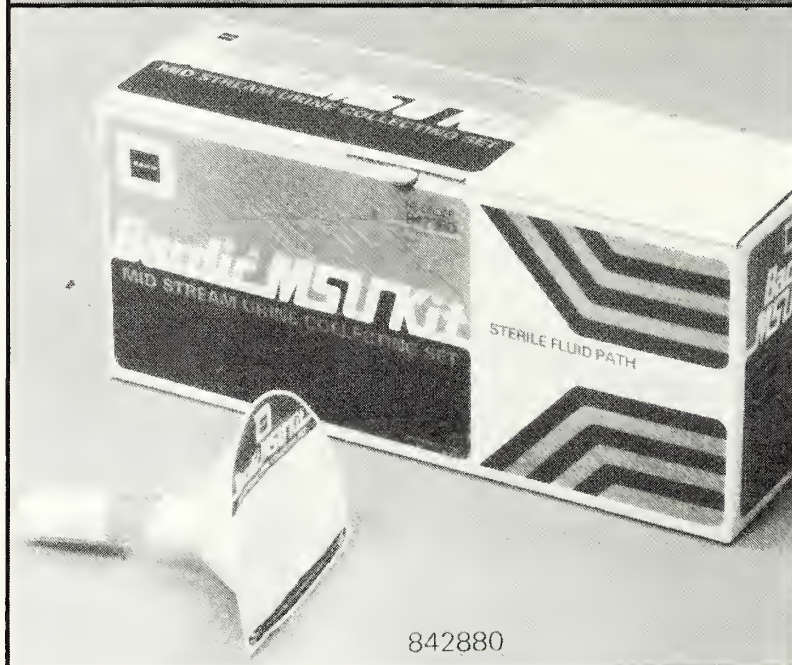
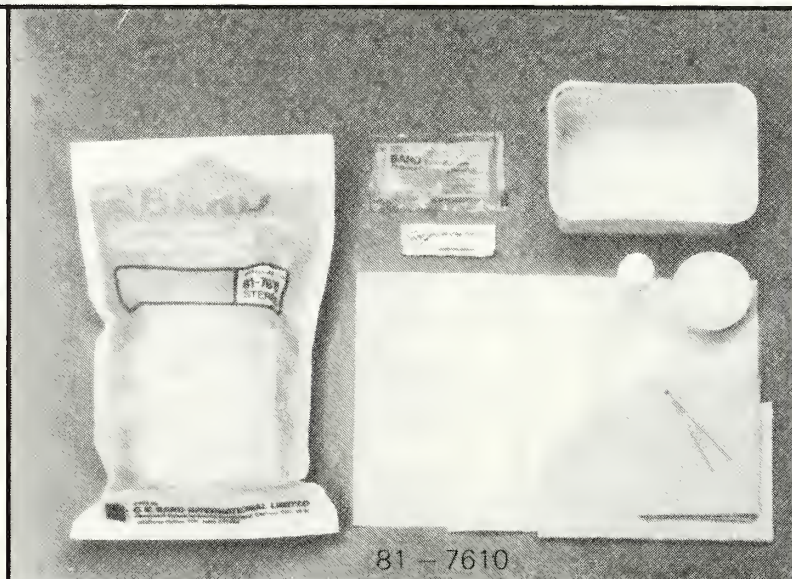


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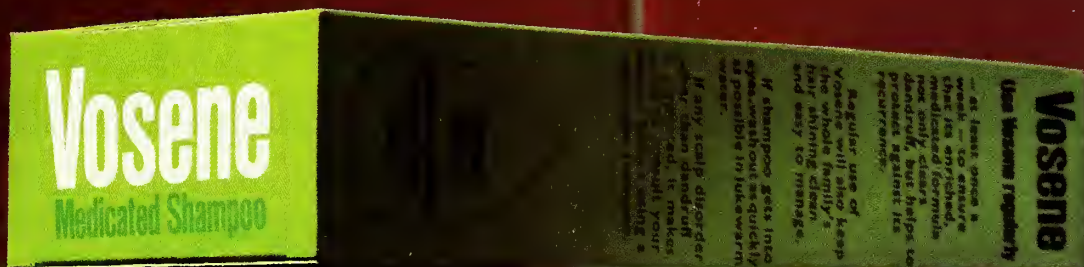
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Arthropathy Diseases of the joints Part 2

The second in a series of articles by Mr B. W. Burt, Mr R. J. Greene and Dr N. D. Harris, Chelsea College department of pharmacy, University of London.

In the previous article we considered primary rheumatoid disease and degenerative joint disease. Together this group accounts for perhaps 90 per cent of all arthritis. In this article, we will consider briefly the less common diseases. The classification given in table 1 of the first article (*C&D*, June 14, p1032) will be followed.

Primary joint disease

Muscle tendon traumas

Patients will often describe, or perceive, these as "joint pain". By the end of this article the reader should be able to distinguish self-limiting *tendonitis*, *bursitis*, *muscle strain*, etc. (eg "housemaid's knee", "tennis elbow", "weaver's bottom") from more serious authentic joint pain. Pain of sudden onset in or near joints that are not red, swollen or hot is the major clue. The treatments have been reviewed by Dr A. Li Wan Po (*C&D*, September 1, 1979, p325).

Biochemical lesions

Gout primarily affects men and post-menopausal women. It is caused by the precipitation of sodium urate crystals in joints, from a saturated plasma. The

prevailing *hyperuricaemia* can be due to various chronic metabolic disorders, or to renal failure. Certain drugs, notably low-dose aspirin, probenecid, sulphinyprazole and phenylbutazone, and diverse traumas such as excessive alcohol consumption, tight shoes, infection, etc, can cause an acute attack. Crystals are also precipitated in the kidney, and in large, disfiguring deposits called *tophi*, around joints and the ear lobe.

It is characterised by a sudden and extremely painful attack—often in the joint at the base of the big toe—and subsequent intermittent attacks, progressing to other joints and, if not controlled, eventually causing severe joint and kidney damage. Acute attacks are managed by short term, high dose NSAIDs, such as phenylbutazone and indomethacin, reducing the dose after 24-48 hours as the pain subsides. Alternatively, colchicine (which seems to inhibit a stage in the inflammatory response to the crystals) is taken 500 mcg 2 hourly (up to 5 mg maximum) until pain is relieved or toxicity, shown by vomiting and diarrhoea, supervenes. Usually these two events coincide.

Chronic management involves avoidance of trigger factors, especially excess alcohol, and monitoring of serum urate levels. Treatment is with three types of drugs: 1. *Allopurinol*, the drug of choice, prevents the synthesis of uric acid from more soluble precursors, by inhibiting the enzyme xanthine oxidase. It is well tolerated and seems without serious long-term side effects, though it may precipitate an attack initially. 2. *Uricosurics*, eg sulphinyprazole and probenecid, increase the renal excretion of urate. They too can precipitate an acute attack at first so dosage is gradually built up to an effective level, then more

gradually reduced to the minimum effective maintenance level. Aside from hypersensitivity reactions and gut distress, both are well tolerated. 3. *Colchicine*, if tolerated, is an effective prophylactic in single nightly doses of 500 mcg to 1 mg.

It must be emphasised that, apart from colchicine, none of these drugs is effective in an acute attack. For supplementary OTC analgesia paracetamol may be safely recommended, but *aspirin in low doses must be avoided* since it will impair urate excretion, directly or by interfering with the action of uricosuric agents.

Pseudogout (chondrocalcinosis) is due to the deposition of calcium pyrophosphate crystals in the joint. The symptoms resemble gout but there is rarely severe joint degeneration. Acute attacks are treated with phenylbutazone, and chronic management is as for osteoarthritis.

Secondary joint disease

Rheumatoid disease

There are a number of syndromes resembling rheumatoid arthritis (RA) in which arthritis is associated with other major symptoms.

In *psoriatic arthritis* widespread joint pain is associated with psoriasis. However, rheumatoid factor (RF) and nodules are absent, and joint involvement is asymmetric. Each symptom can be treated separately, but systemic immunosuppressants (eg cyclophosphamide, methotrexate, azathioprine) may relieve both. Antimalarials are contra-indicated.

In *Sjögren's syndrome*, mostly affecting males, RA is associated with reduced salivary and tear production, causing dry mouth, dysphagia (difficulty in swallowing) and keratoconjunctivitis sicca (dry, gritty eyes and corneal ulcers) as well as multiple joint pains. Patients are usually RF seropositive. Treatment is as for RA, plus ophthalmic hypromellose or systemic steroids.

Still's disease (juvenile RA) is a distinct form of RA, occurring mainly in juveniles between 5 and 15 years, but also occasionally in adults. It has an abrupt onset of a systemic inflammatory nature, with high, swinging fever, swollen glands and polyarthritis of the larger joints. It is RF seronegative and nodules are not found.

This series is intended as an outline refresher course for busy retail pharmacists and is based on the third-year syllabus taught to undergraduate BPharm students at Chelsea College, University of London, by the above authors. It is not intended to be comprehensive and it is assumed that pharmacists will consult reference texts for more detailed information on the drugs and diseases mentioned.

Although prognosis is good, with complete remission in most cases, bone development may be impaired, giving deformity. Treatment is as for RA, mainly with high dose aspirin, or indomethacin. Steroids and antimalarials are avoided because of their respective effects on growth and eyes.

Collagen-vascular disorders

This is a group of uncommon multi-system diseases of unknown aetiology, involving auto-immunity to connective tissue, especially that of blood vessels. The general picture is of chronic illness, with fever, malaise and weight loss, and involvement of various organs depending on the particular disease. Joints are often affected.

Systemic lupus erythematosus (SLE) is a disease mainly of women between 30 and 50 years. It gets its name from the characteristic erythematous (reddened) skin lesions of many patients, the presenting symptom often being a butterfly-shaped rash on the face. (The connection with wolves is, however, obscure). Inflammatory lesions of joints and kidneys are common, and brain, lungs and heart can be affected. Prognosis is very poor but steroids and immunosuppressives are used to retard the progress of the disease. Note that *discoid* LE is confined to the skin and is far less serious.

Polyarteritis nodosa (PAN) affects mainly men between 20 and 50 years. Here, distinct nodules are present on small arteries, and organ damage is due primarily to ischaemia (impaired blood supply). The skin is not seriously affected, but heart and lungs are. Although arthritis is absent the disease is usually treated by rheumatologists similarly to SLE, and with similar results.

One final disease in this large group should be mentioned. *Polymyalgia rheumatica* is a mild rheumatoid disease of elderly women. Typically patients complain of vague stiffness, joint pain and lassitude, which may be dismissed as simply an emotional problem, or senility. It is however eminently treatable with a 3 month course of steroids, and all such patients should be investigated.

Infections

In all cases of severe single joint inflammation, local infection (septic arthritis) must be considered. There are also a number of more general infections which have arthritic complications, eg gonorrhoea, tuberculosis and osteomyelitis.

Rheumatic fever, a serious complication of a "strep throat", is well known to "lick the joints but bite the heart". It seems to be caused by the similarity between streptococcal antigen and some human connective tissue, so that the immune defence mechanisms which are countering the

streptococci also attack the host's own joints and heart valves. Since the disease usually strikes children between 5 and 15, it can often be dismissed, erroneously, as "growing pains". But normal growth does not produce pain, so such cases should be investigated. If rheumatic fever is diagnosed, prompt penicillin therapy and long term antibiotic prophylaxis is essential if heart valve disease in later life is to be avoided. Precautionary antibiotic cover for any surgery or serious dental work is also advisable.

Reiter's syndrome afflicts adult males with asymmetric arthritis and conjunctivitis. A virus or similar micro-organism is thought to be responsible, though often there is also a history of recent sexual intercourse. It is usually self-limiting with no permanent damage, so that only symptomatic treatment (eg analgesics, NSAID) is necessary.

Allergic/iatrogenic disease

Some *drug hypersensitivity reactions* can involve the joints. Thus hydralazine, methyl dopa, PAS and procaine can precipitate an SLE-like syndrome. The systemic allergic reaction known as *serum sickness* may be produced on the injection of certain drugs eg penicillin, sulphonamides, aminoglycosides, thiouracils, or foreign protein: this involves arthritis, skin rashes and fever. Treatment is symptomatic and the prognosis excellent.

Both infection and hypersensitivity have been blamed for *Wegener's granulomatosis*, which affects skin, upper and lower respiratory tract, joints and kidneys with chronic inflammatory degeneration. Prompt immunosuppressive therapy with azathioprine and prednisolone is usually successful.

Finally, the bone pain of *osteoporosis*, whether induced by steroids or otherwise, and of some

bone tumours, can be erroneously interpreted by a patient as "rheumatic".

Other arthropathies

Entrapment neuritis results from the mechanical compression of a nerve, and where this is close to a joint, as for example in the *carpal tunnel syndrome*, it may be perceived as joint pain.

Ulcerative colitis can have arthritic and spondylitic complications. Interestingly, only the former follows the same cycle of remission and relapse as the underlying arthritis.

The pharmacist's response to symptoms

Rather than propose a set of perhaps discouragingly complex decision trees, it is intended here merely to indicate the types of questions a pharmacist should consider asking the patient who comes in for advice. It will remain for individuals, using this series of articles and standard reference texts, to decide the precise significance of patients' answers.

Routine procedure

In general, there are two phases in advising a patient on symptoms, though they may run concurrently or be abbreviated according to circumstances.

A *general history* of the patient and the presenting complaint should always be obtained, irrespective of the specific symptoms. Secondly, *additional questions*, depending on the circumstances, need to be answered. Table 1 lists useful general questions and should be referred to when reading subsequent articles. Table 2 suggests information to be obtained from patients complaining of muscle or joint pain, weakness or stiffness. Remember that for established chronic diseases, new symptoms may be complications of the disease, or drug adverse reactions.

Even these lists may look off-putting, but with practice the appropriate questions for each case may be selected without an effort and the process becomes rapid. Many pharmacists employ such strategies already, perhaps without realising so. Naturally, questions have to be phrased in an informal, appropriately idiomatic way for each patient. Most of this information can be obtained in the course of conversation, thus avoiding the impression of an interrogation.

The aim of the procedure is, of course, to decide whether the patient is to be referred immediately for medical attention, recommended an OTC preparation—perhaps only for a few days trial before re-assessment—or

Continued on p206

Table 1: General information to be obtained whatever the symptoms

Symptomatology

- Duration of symptoms
- Location of symptoms
- Onset sudden or gradual
- Intermittent or continuous
- Getting better or worse
- What makes it better or worse

Medical/medication history

- Any recent, unusual mental or physical stress or trauma
- How do you feel otherwise/ generally?
- Are you seeing your doctor about anything?
- Are you taking any medicines? (patients may need prompting about specific OTC medicines)
- Allergies (including drug sensitivity)
- Age of child
- Occupation of adult

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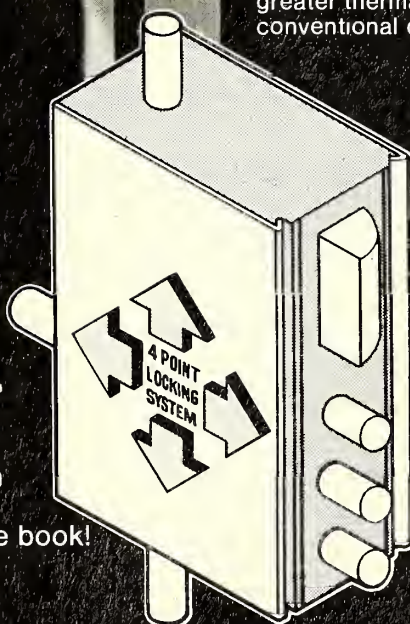


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—Crime Prevention Officer,
Metropolitan Police.

simply offered supportive, sympathetic advice.

Assessment of the answers to the checklists, in the light of the material given so far, should enable the pharmacist to decide this for joint pains. Generally, any patient with sudden onset, trauma-associated pain around one joint only—the joint being not especially inflamed—and without symptoms in other systems, can safely be treated for a few days with an OTC analgesic (though care to exclude gout should be taken). The patient should be recommended to see a doctor if pain is extremely severe, persists, or worsens.

A patient with an established history of rheumatoid disease or arthritis, presenting with sudden onset of polyarthrititis with obviously inflamed joints and morning stiffness, or with problems in other systems (especially skin or gut) should be referred at once. Patients with chronic, insidious, gradually worsening joint pains, and possibly a generally run-down feeling, can be offered temporary OTC analgesics and should be recommended to see their doctor as soon as convenient. Of course between these extremes lie a multitude of possibilities and the only way to learn is to seek actively to advise patients who come in asking for analgesics.

Monitoring therapy

Pharmacists recognise their responsibility for ensuring that patients take their medication correctly (eg in relation to meals, etc) and probably most now accept the need to monitor and encourage patient compliance. An extension of this is to emphasise the need for patients to attend regularly the clinics needed to monitor some regimes, eg urine and blood testing for patients on gold or penicillamine.

Pharmacists may also be in a position to notice if an arthritic patient is developing adverse effects to his therapy. Drugs should always be considered as a possible cause of symptoms in established arthritic

Table 2:

Questions to ask patients complaining of joint or muscle pain or stiffness

Has your doctor told you that you are suffering from arthritis or rheumatism?

Are you being treated for either of these?

Any recent physical strain (work, sport, domestic, leisure, hobby)?

Morning stiffness?

Better when moving/after exercise?

More than one joint (symmetrical? multiple?)

Are joints swollen, red, hot and tender?

patients. If they are suspected, the patient should always be referred to the prescriber. Table 3 lists some clues to problems with a patient's therapy, further details being given in the text.

General advice

Established rheumatics may ask generally about their disease or its complications, and the pharmacist must use his discretion in such cases.

However, support and reassurance are always necessary, and it is important to point out that only a very small proportion of patients nowadays become seriously disabled. Patients should also be referred to the Arthritis and Rheumatism Council, Faraday House, 8 Charing Cross Road, London WC2 (01-240 0871) for invaluable advice, support and information.

■ *The first article in this series was published in C&D, June 14, p1032.* ■

Table 3: Signs of potential problems with anti-arthritic therapy

In all cases patients should be referred to the prescriber

Sign	Possible cause
High or increasing OTC analgesic consumption	Inadequate control
High antacid consumption, severe GI distress/haematemesis	NSAID/steroid dyspepsia
Increasing fatigue, etc	Anaemia, gastric blood loss (NSAID)
Skin rashes, hypersensitivity	Various drugs
Urinary problems	Gold, penicillamine
Eye problems	Antimalarial, steroids
Frequent infection or bruising	Bone marrow suppression—immunosuppressives, steroids and some NSAID
Oedema, bloatedness, ankle-swelling, etc	Steroids; phenylbutazone and congeners

LETTERS

Experience of doctor dispensing

I would like to add the following points to the letter on doctor dispensing (*C&D*, July 26, p143).

I live in an area without a pharmacy where dispensing is carried out at the premises of a dispensing doctor. When I moved to the area I was given no form to sign with regard to dispensing by the doctor. Only when I attempted to take my prescription form, after seeing the doctor, was I informed that the prescription would be dispensed for me and could not be taken away. The doctor told me that he was obliged to dispense for me as he had signed to say he would do so. We have a young child and no alternative doctors, so the matter was allowed to rest in case our argument put the child's health care in jeopardy.

Following a pulled tendon, one of the doctors wrote me a prescription for Butazolidin. I watched the "dispenser" take a Butazolidin *tin* (how long since they were packed in plastic?) and make up the prescription. This was supervised by the doctor (because he knows I am a pharmacist?). On checking the contents I found unmarked red tablets presumably phenylbutazone. The doctor will no doubt be paid for Butazolidin, giving him a little extra profit. Why are there no checks on doctors dispensing?

In the outer corridor of my doctor's surgery, medicines are left to be collected by the patients who do not wait or phone for repeats. However no check is made on these, they are not hidden in bags, and clearly indicate on the bottle or *envelope* containing the medicine, what is inside. Anyone wanting more Valium, etc, may help themselves.

Finally may I add one hypothetical point. If a doctor in a dispensing practice were to miss-diagnose, miss-prescribe, or dispense in error, and kill a patient, is it right that the same doctor, or practice, should be able to write out the death certificate? I am not suggesting for a moment that this has ever happened, nor would happen, but should the possibility be there?

It is surely time that the Pharmaceutical Society and PSNC called for a pharmacist to be placed in every dispensing doctor practice, where there is no alternative pharmacy. This pharmacist would be paid for directly by the government as a salaried employee.

General practice pharmacist

Reduction in OTC lines by wholesalers

In reply to Xrayser (last week, p161) we would agree that many wholesale houses are reducing their number of OTC lines and it would appear from letters we have received that many chemists are being told that our products are no longer available, rather than it has been their decision to discontinue the line.

We have many letters on hand from customers who have been wrongly advised and whom we now supply direct.

Moreover, a large number of chemists seem to be under the impression that we only supply large quantities; to these we would mention that we are happy to supply even single items, though obviously postage would be charged forward. Our minimum for carriage paid to retailers is £30, which at today's prices is not excessive. Should the chemist not wish to open an account we would invoice through their normal wholesaler—if the latter accepts.

In our eyes the customer is still right and we are here to provide a service which, though we try to deal through the trade, unfortunately has in many cases resulted in our having to supply the customer direct by post. I sometimes wonder how some chemists exist when we get private orders in

excess of £100 a month from those members of the public who can be bothered to write.

C. P. Mertens

Crème Simon (Distributors) Ltd

The unknown Mr 'X'

The enclosed prescription was presented to me by the mother of the patient with the comment "This is for my nutty son." It would be interesting to know what my colleagues would do under these circumstances, [The prescription was for "Tabs diazepam 5mg, 1 tab prn, 30" for a patient called Mr "X", full address given—Editor].

I did dispense it after verifying with the local FPC that the doctor had a patient of this name on his list. I knew that the rest of the prescription was in the doctor's handwriting. I discovered from the mother that the patient had changed his name to "X" by deed poll. *Essex subscriber.*

Oxy-10 confusion

It has been brought to my attention that there may be confusion in some quarters of the chemist trade between Oxy-10, our recently introduced acne treatment product, and oxytetracycline (oxytet).

Oxy-10, as you know, is the

proprietary 10 per cent benzoyl peroxide lotion introduced a few months ago by the Norcliff Thayer division of Berk Pharmaceuticals. What appears to be happening is that some customers requesting Oxy-10 are being told that they mean oxytet for which they need a prescription. When customers reply that they have heard Oxy-10/tet advertised you can imagine the confusion.

I would be grateful, therefore, if you could pass my name to any confused chemists so that I can help to clear up misunderstandings.

Oxy-5 and Oxy-10 are being distributed by Pharmagen Ltd. *Duncan McLaughlin*
Marketing manager, Norcliff Thayer division, Berk Pharmaceuticals Ltd (Tel: Guildford 71221)

Russian pharmacy

P. Sheen's cartoon in your August 2 edition is, as usual, delightful, but is wrong in one small detail. In Russian, the sign shown in the cartoon means the profession of pharmacy, whereas the name for a pharmacy (shop) is "АПТЕКА".

L. A. Tarlowski
London N14

■ Our mistake, not the cartoonist's—
Editor.



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Unsafe drugs in Third World?

Allegations that pharmaceutical companies apply different standards to drugs exported to the Third World were raised last week. In a letter to *The Lancet*, Dr J. S. Yudkin and Dr P. Epstein outline the case of a British schoolteacher working in Mozambique, who was given a drug which has been withdrawn from most European countries.

The teacher purchased Cibalgin tablets for use as an analgesic from a pharmacy in Beira. Cibalgin, marketed by Ciba-Geigy, contains amidopyrine 220mg and allobarbitone 30mg. She took 18 tablets and had a similar course six months earlier; she later developed agranulocytosis.

The authors say an incidence of agranulocytosis as high as 0.86 per cent has been reported to amidopyrine. It was withdrawn from the UK, Sweden and the USA but continued to be marketed elsewhere in Europe until 1977 when drug regulatory bodies



Three of the winners of the Numark/Beecham golf tournament which took place at Hexham golf club, Newcastle. From left to right: Mr Brian Gardner (area sales manager, Beecham), Mr Brian Goldwater, MPS, Mr Peter Hayes, MPS, Mr John Forster (managing director Hall Forster & Co) and Mr Harvey Hodgson, MPS.

in several countries recommended its withdrawal, because it can form carcinogenic nitrosamines. In 1977, Sandoz and Ciba-Geigy said they intended to reformulate all products containing amidopyrine before the end of that year. However, the authors claim that such preparations are still available in the Third World from several companies. "Pharmaceutical companies act as a hazard to health when they fail to apply to exports to the Third World the same criteria for marketing and promotion that are

adopted in industrialised countries".

A spokesman for the Association of the British Pharmaceutical Industry told *C&D* it was not a question of there being one standard for developed countries and one standard for the Third World. There could be sound medical reasons for a drug being available in one country and not another and there were often differences between developed countries. A comment from Ciba-Geigy was not available at the time *C&D* went to press. ■

NPA board report

Continued from p190

The French government had recently exerted pressure to keep price increases of medicines down to a low level and had requested doctors to prescribe smaller quantities to reduce the reimbursements to patients by the mutual insurance companies.

The new health minister fully supported the controlled geographical distribution of pharmacies; new pharmacies could still be opened to satisfy a local need.

Denmark A new study programme for pharmacy students had been introduced. After the first six months of academic training there would now be an 11-month period of practical training in a pharmacy, after which the five-year training cycle in a university would be completed.

Germany The government had agreed that hospitals which had no pharmacy would in future be supplied direct by retail pharmacies.

The proposals of the German pharmaceutical body (ABDA) that a pharmacist should not be permitted to

open a pharmacy before completing two years' practical experience had been rejected by the government.

A well-established pharmaceutical data-bank operating in the German-speaking countries of Austria, Switzerland and West Germany would be extended to cover East Germany, Poland and Hungary.

The Netherlands Holland has just over 1,000 pharmacies and about 1,250 dispensing doctors. A spokesman of their Department of Health had recently made an important statement on television in favour of medicines being dispensed by pharmacies.

The Royal Dutch Pharmaceutical Association had initiated a far-reaching project to establish a data-bank during 1980. This would make available comprehensive, accurate and up-to-date information to pharmacists throughout Holland. It would involve computer terminals in each pharmacy which would possibly cost about £750 a year.

In their view the pharmacist of the future should be the specialist in all matters concerning medicines. Unless the profession took the initiative to provide this kind of service, government health departments and insurance companies would design a system primarily to serve their own interests.

Luxembourg There had been

improved co-operation with the Belgian Pharmaceutical Association from which country two-thirds of the medicines sold in Luxembourg were imported. The aim was to ensure that the supply of all medicines in Luxembourg should be under the control of the pharmaceutical profession, as in Belgium.

Belgium During the four weeks' strike of Belgian pharmacists against the government at the turn of the year, promises had been given by the government which had since fallen. This had created a difficult situation for pharmacy's negotiators.

Ireland The report on the licensing and siting of pharmacies had been completed and would now be presented to the Minister of Health (p188).

A new Pharmacy Bill would be enacted this year replacing the old Bill of 1875 when Ireland was still part of the UK. The new prime minister, who had been the previous Minister of Health, was supporting the Bill.

The dispensing of medicines under the General Medical Services to the 40 per cent of the population in the lower income bracket was based on cost, plus a professional fee which was index-linked to the cost of living. An arbitration award had increased this fee from £0.60 to £0.71 per item. ■

Sangers to become second largest optical retailer

Sangers are to acquire the west country optical company, Bebbington and Perkins, for £1.7m—to be financed by a seven year bank loan. B and P operate 21 outlets in the west country and south Wales and returned some £162,000 in pre-tax profits in 1979.

"This is a major step forward for our company and places us firmly, by turnover, as the second largest retail optical company in this country," Mr George Robinson, chairman, told shareholders at the annual general meeting in London.

He also announced that leases had been signed for two new depots, one in north London and one in Warrington, which would "improve the efficiency of the pharmaceutical division". In addition the new agencies division, operating in the retail pharmacy market, has signed agreements with four manufacturers and hopes to be in operation shortly; the photographic division plans to move into a new warehouse in Birmingham early next year and the group is considering the disposal of its food business in Northern Ireland.

Other changes recently announced—encompassing new group standards, structure and corporate identity—have been put in hand as planned and would mostly be completed by the end of the year. "The benefit of these changes will not be seen for some time and, in view of the difficult current economic situation, it is not possible to be precise," he said. ■

EIB loan base cut

A reduction from £17,000 to £15,000 in the minimum level of loans available to small businesses under the agency agreement between the government and the European Investment Bank was announced by Mr David Mitchell, Under Secretary for Industry, in the Commons last week. This follows his earlier announcement that interest rates for EIB loans is to be reduced by 1 per cent, to 10 per cent.

Under present agreements the EIB is to make £20 million available this year to finance investment projects by small firms in assisted areas and Northern Ireland. At the end of June,

1980, loans advanced, or under consideration, totalled £9.6m.

All private sector firms with less than 500 employees and under £20m in net fixed assets are eligible for the loans—any parent companies must also comply with the asset limitation. Loans are for seven years at a fixed interest rate and they may cover up to 50 per cent of the fixed capital expenditure associated with the project. Maximum loans are normally £2.5m. ■

Sick pay proposals rejected by NCT

Employers should not be forced to take over the Government's responsibility for payment of sickness benefit, says National Chamber of Trade director general, Mr Leslie Seeney.

Presenting the NCT's response to the Government's Green Paper which would transfer responsibility for the first 8 weeks of sick-pay from Government to employers, he says: "The proposals would impose unreasonable financial and administrative burdens on the business community and are totally rejected by the Chamber."

Mr Seeney believes it is "manifestly unfair" that residual benefits payable by Government would be subject to all the usual contribution conditions but during the employer's eight-week pay-out period no conditions whatsoever would be imposed—"Certainly, employers will feel harshly treated if they are forced to find something like £30 a week for eight weeks for someone they have only just put on the pay-roll". ■

Export policy

A new projects and export policy division in the Department of Trade has been set up to establish a single focus for co-ordinating the support provided by the Government for industry in pursuing capital projects overseas and to advise Ministers on export policy questions generally.

The division—which will operate under the general guidance of the British Overseas Trade Board—will be responsible, in co-operation with other Government departments, for integrating the range of Government services in support of industry's pursuit of capital projects and for overall policies towards export financing. Its address is 1 Victoria Street, London SW1H 0ET. ■

City 'havens' named

The location of seven enterprise zones—inner city areas where red tape, taxes and rates are cut to a minimum to encourage businesses—was announced in the Commons last week (C&D, April 5, p588).

The seven zones are: Tyneside, parts of Newcastle and Gateshead; Merseyside, Speke; Greater Manchester, Trafford Park and Salford docks; London docks, the Isle of Dogs; central Belfast; Clydeside; and the lower Swansea valley.

One or two additional enterprise zones will be announced shortly, one of these will be in the midlands. ■

Collusive tendering

The pros and cons for making collusive tendering a criminal offence are discussed in a consultative document issued by the Department of Trade last week.

Collusive tendering is the practice of two or more suppliers entering into an agreement which would prevent the element of competition involved in competitive tendering. The paper is a follow up to suggestions made in the 1979 Leisner review on restrictive trade practices and is available from the Department's Competition Policy Division, Room 726, 1 Victoria Street, London SW1 0ET. Comments are invited before October 31, 1980. ■

Package deal

A new grouping of UK packaging companies is emerging with the acquisition of Ivers Lee (GB) Ltd, the strip and sachet packaging company, by Commercial & Industrial Securities Co Ltd.

In October, 1979, CIS purchased Quick Wrap Tubing Co Ltd, and in March of this year, Walker Davis & Co Ltd, the pharmaceutical manufacturers and contract packers. They have also recently bought A. J. Manning Ltd, the ampoule and phial filling concern and further additions of compatible companies to the group are anticipated by CIS. ■

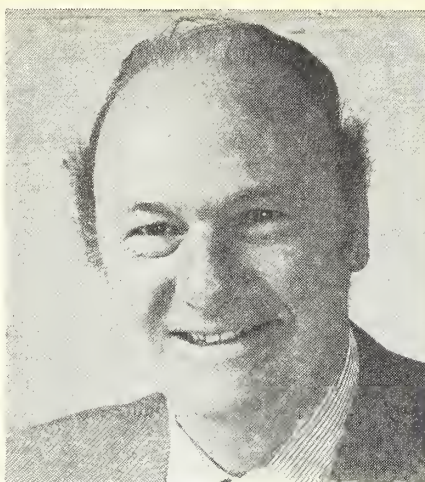
Growth rate speculative at Beecham

The future growth rate of Beecham's is a "matter of speculation" said Sir Graham Wilkins, chairman, speaking to the annual general meeting last week, but he continued: "... although it is clearly much harder to expand from the present profit base of £137 million than it was from the 1970 figure of £28m, there is no doubt that it can be done and that we shall do it."

As far as the immediate future is concerned he believed the two great imponderables are the length and severity of the world economic recession and the outlook for currency exchange rates. Sir Graham estimated that currency movements have cost the company some £14m—which put their pre-tax profits down by £7m for the year to March 31, 1980, (C&D, June 7, p1,000) instead of up £7m on the 1979 figure.

High interest rates and the strength of sterling, if maintained, would also affect trading, he said, but if interest rates decline over the next eight months and if sterling declines in sympathy, "perhaps we will not be hurt too much".

Sir Graham expressed confidence in



Sir Graham Wilkins

pharmaceuticals, despite the "problems of the pharmaceutical business", particularly because of the "promising new products which should be ready to enter this market in the course of the eighties." The first of them will be the antibiotic, Augmentin, which is expected to be available within the next few months.

Sir Graham is in no doubt that the consumer products group will remain a major contributor to the group's overall performance: "With the pharmaceutical business going through a difficult period, the value of our products needs no emphasis, indeed it makes us the envy of some other companies whose dependence on pharmaceuticals is much greater than our own". ■

Lesson from US for UK retailers

"UK retailers have a number of lessons to learn from their American counterparts and one of them is the careful use of the sometimes scorned 'bigger is better' concept in the chemist group sector," writes Alan Friedman in the *Financial Times*, July 30.

There is still a good deal to be learned from the extraordinary growth of chain drug stores in North America, he comments. Last year these chain stores claimed 56 per cent of US drug store sales of nearly £12 billion.

"Drug stores now sell products ranging from artificial Christmas trees to hosiery and electronic video games as well as making up the traditional prescription. The latest store innovation has been the walk-in, walk-out dental surgery," he writes. "To get to the prescription counter the prescriber must walk past a labyrinth of clothing and food racks, DIY and electronic sections, health and beauty aids, books and periodical stands and more. A visit to the local drug store may turn into an expensive adventure in impulse shopping."

The author quotes Mr Ira Shain, president, Associated Chain Drug Stores, as saying that whereas the average independent drug store looks to prescriptions for 50-60 per cent of total business, the chain drug store can survive with 18-20 per cent of turnover from this source.

He also quotes a Boots director as saying there are too many social and cultural differences between the US and Britain for any radical change in the latter's retailing style. The High Street concept is "very much a British approach, not easily changed." ■

Glass jobs to go

Rockware Glass are to reduce jobs at each of their five glass factories and the head office in Northampton—935 jobs will be lost. Meetings have already been held with the union officers concerned and further meetings will be held on the implementation of these plans.

Mr Derek Whittaker, managing director says: "The plans are required to harden the company's competitive base as the recession deepens. We must make it more difficult for imports of

foreign glass to achieve any further penetration into the UK glass container market".

United Glass are also expected to announce redundancies in the near future. ■

Macarthy's hopeful despite profit cut

Macarthy's are optimistic despite a fall in pre-tax profits from £3.78 million to £3.15m for the year ending April 30.

The second half drop was indicated in the January interim statement and much of the blame is placed upon their retail chain, Savory & Moore, which has experienced "a dull period of business in both prescription and counter sales". Profits of the retail division fell to £531,000 (£611,000), although sales showed a slight rise to £16.8m (£14.1m).

Pharmaceutical distribution realised sales of £114.1m (£91.1m), but profits were down to £2.4m (£3.0m). However, improved margins are forecast. The manufacturing side also showed depressed profits—£48,000 (£144,000) on sales of £3.3m (£2.9m)—but included in this profit figure is a sizeable first half loss due to refurbishments. ■

Dixons 'slightly up'

Dixons Photographic have ended the year (to April 30) slightly up, with pre-tax profits at £10.92 million against £10.72m in 1979, despite a £1.4m about turn in pharmaceutical profits, taking them to a £585,000 loss. Overall turnover was up from £207.6m to £219m and that for pharmaceuticals remained steady at £93.2m (£92.6m).

Dixons announced the sale of the Westons chain at the beginning of the year and the substantial rationalisation of the Barclays wholesaling and manufacturing operation—which largely involved the cutting of depots, from 27 to 12.

The good performance in the retail sales of electronic and photographic equipment have kept the overall performance reasonably sound. ■

Gas prices attack

The Chemical Industries Association has taken the government to task for their attitude to the effect of high gas prices on the competitiveness of UK manufacturers.

In a letter to all members of the Association, gas prices are seen as a "major impediment" to the health and competitiveness of the UK chemical industry. The author, Mr Martin

MARKET NEWS

Trowbridge, director general, says that British gas prices are "without any possible doubt far higher than those charged to European companies."

The letter follows a speech last week by Mr Norman Lamont, Under Secretary for Energy, in which he said that the difference between British and Continental industrial gas prices had almost certainly been "exaggerated". ■

Briefly

■ **Colson & Kay** have now located all departments at Shentonfield Road, Manchester M22 4RW (telephone 061 491 1980).

■ **Ellis & Everard Ltd's** pretax profits showed a rise of 46 per cent, to £1.54 million for the year end April 30. Sales rose by 27 per cent to £28.32m.

■ **Napp Laboratories Ltd:** The marketing, sales, export and medical departments have moved to new premises at Cambridge Science Park, Milton Road, Cambridge CB4 4BH (telephone Cambridge 314876).

■ **J. Waterhouse & Co Ltd:** Closed for summer holidays from 4.30pm Friday, August 8 until 8am Tuesday, August 26. No deliveries will be accepted during this period and any inquiries should be directed to head office, 38 Featherstone Street, London EC1Y 8RN (telephone 01-253 0571).

COMING EVENTS

Advance Information

Powder technology courses, University of Bradford, West Yorks. "Storage and handling of particulate solids" and "Particle size analysis". September 22-26. The courses are in the continuing education series sponsored by the Institution of Chemical Engineers. Application to the secretary, School of Powder Technology.

Retail security seminar, Royal Lancaster Hotel, Lancaster Terrace, London W2, September 26. The seminar covers prevention and protection against the dishonest customer and employee. Bookings (£95) to Felicity Foll, Legal Studies and Services Ltd, Norwich House, Norwich Street, London EC4 1AB.

Summer quiet

London August 5: Buying interest in all sections of the commodity market showed no sign of improvement during the past week. The height of the summer holiday period is always quiet for trading. This year it coincided with an already dull market brought about by several causes, the main one being high interest rates.

Prices in the essential oil and crude drug sectors are mostly marking time with a few items marked down where holders want the cash. For the first time in several months Brazilian peppermint oil prices were adjusted upwards as was menthol from the same source. Chinese menthol, however, was down 15p/kg for shipment. Lower in essential oils were nutmeg, patchouli and Mysore Sandalwood.

Liquorice root is now very scarce. Both China and Russia are not offering and there is a general interruption of trade with Iran and Afghanistan. A number of botanicals are dearer because of the firmer dollar against sterling.

Pharmaceutical chemicals

Adrenaline: (per g) 1 kg lots base £0.30; acid tartrate £0.25.
Aluminium chloride: Pure crystals in 50-kg lots £1.353 kg.
Amylobarbitone: Less than 100-kg lots £17.81 kg; sodium £19.39.

Bismuth salts: £per kg.

	50-kg	250-kg
carbonate	6.70	6.60
salicylate	8.20	—
subgallate	10.35	—
subnitrate	5.35	5.25

Butabarbital: Acid £23.65 kg; sodium £25.25 kg in 50-kg lots.

Butobarbitone: Less than 100 kg £21.47 per kg.

Cinchocaine: Base (500-g lots) £92.70 kg; hydrochloride £89.10.

Cocaine: Alkaloid £700.50 kg; hydrochloride £618 for over 3-kg lots.

Dihydrocodeine bitartrate: £535 kg in 20-kg lots; Subject to Misuse of Drugs Regulations.

Opates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £600-£604 as to maker; hydrochloride £520; Phosphate £460.50-£462; sulphate £520. Diamorphine alkaloid

£821; hydrochloride £748. Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545. Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.

Pentobarbitone: Less than 100-kg £24.15 kg; sodium £25.71.

Phenobarbitone: In 50-kg lots £8.12 kg, sodium salt £8.47.

Pholcodine: 1-kg £538-£543 60-kg lots £493 kg. Subject to Misuse of Drugs Regulations.

Sodium ascorbate: 100-kg lots £5.51 per kg.

Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg, 5-10 kg lots.

Succinylsulphathiazole: £12.10 kg in 250-kg lots; imported £9.

Sulphacetamide sodium: BP £7.25 kg for 50-kg.

Sulphadiazine: BP 68 £5.50 kg in 250-kg lots.

Sulphadimidine: £5.50 kg for imported in 4-ton lots.

Sulphamethizole: £12.04 kg in 1,000 kg lots.

Sulphathiazole: BP 1973, £5.50 kg in 4-ton lots.

Sulphaquinoxaline: BVetC £11.57 kg; sodium salt £13.12 kg both in 500-kg lots.

Essential oils

Bois de rose: £7.50 kg spot; £7.50 kg, cif.

Eucalyptus: Chinese £1.90 kg spot and, cif.

Ginger: Chinese £30 kg spot; £29.70, cif. English-distilled (W. African Govt.) £95; (Indian £50).

Nutmeg: East Indian £8.50 kg spot; £7.90, cif; English distilled £16.

Patchouli: Chinese £16.50 spot; £15, cif.

Pepper: English-distilled ex black £120 kg.

Peppermint: (kg) Arvensis—Brazilian £4.20 spot; £4.20, cif. Chinese £2.80 spot; £2.60, cif.

Piperata American Far West £13.50 spot.

Sandalwood: Mysore £53 kg spot, East Indian £45 spot.

Spearmint: Chinese £7.50 spot; £7, cif. American £13 spot.

Vetivert: Java £12.50 kg spot; £11.50, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

Crude drugs

Aloes: Cape £1,200 ton spot; £1,160, cif, Curacao; £2,210, cif, no spot.

Balsams: (kg) Canada: Easier at £12.30 on the spot, shipment, £12.15, cif. **Copaiba:** £3.40 spot, £3.30, cif. **Peru:** £10.05 spot; £9.50, cif., **Tolu:** £6.15.

Benzoin: £206 cwt, cif.

Cascarilla: £1,580 metric ton spot; £1,565, cif.

Cochineal: (kg) Tenerife black brilliant nominal.

Peru silver grey no spot; £24.30, cif.

Gentian root: £2,300 metric ton spot; £2,250, cif.

Hydrastis: Spot £29.85; £29.50, cif.

Kola nuts: £440 metric ton spot; £420, cif.

Liquorice root: Root unquoted. Block juice £1,400 metric ton spot; Spray-dried £1,550.

Menthol: (kg) Brazilian £4.70 spot; £4.55, cif.

Chinese £4.65 spot; £4.25, cif.

Pepper: (metric ton) Sarawak black £850 spot, £1,675 cif; white £1,200 spot; £2,225, cif.

Sarsaparilla: Jamaican £2,670 metric ton spot £2,640, cif.

Senega: Canadian £9.95 kg spot; £9.55, cif.

Turmeric: Madras finger £430 metric ton spot; £385 cif.

Tonquin beans: Unquoted.

Valerian: Dutch £1,895 metric ton spot; £1,620, cif.

Indian £1,900 spot; £1,400, cif.

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X2—SHEFFIELD—retirement vacancy. Turnover approximately £60,000, improving faster than inflation rate, good profits, premises held on lease, easily and economically run. Price £1,500 for goodwill and fixtures, plus stock estimated at £15,000.

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(9/8)

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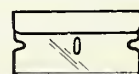
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